

THE
CHICAGO MEDICAL
JOURNAL & EXAMINER.

VOL. XLVIII.—MARCH, 1884.—No. 3.

Original Communications.

ARTICLE I.

REPORT OF TWO CASES OF ABDOMINAL ABSCESS. By W. H. FITCH, M.D., Rockford, Ill.

Had I considered either of these cases simply perinephritic abscess, I should hardly have deemed them worthy of record, but they differed so essentially from cases of that kind that I have seen, that I have thought them of enough interest for brief detail.

CASE I.—Miss C., aged 21, consulted me first in October, 1877, for pityriasis capitis, tinea tarsi and eczema of external ear. She had scarlatina when six years old; this eruptive fever was followed by the above troubles and other constitutional dyscrasia, from which so many suffer for years and even a lifetime. Having prescribed the usual remedies at irregular intervals for some time with unsatisfactory results, in March, 1878, I made a some-

what more careful inquiry into the history of her case, and learned that in 1870 she was treated for ague for some time unsuccessfully by usual remedies, and obtained cessation of chills and fever by Indian cholagogue. This sickness was followed by extreme anæmia, which she ascribed to taking Fowler's Solution. However, she slowly regained her color, but suffered so much from a stinging pain in left side, headache, backache, and other neuralgic pains, that she was able to pursue her studies only at irregular intervals. The winter of 1873-74 she passed in California, and in the fall of 1875 went to Avon Springs for some months, but obtained no relief. While there she was taken with pain in the back, and fell on the floor; was carried to her room and was unable to walk or stand for a few days. Had several similar attacks after returning home, and was temporarily paralytic. During the summer of 1877 she was severely ill with spinal spasmodic pains and neuralgia of sciatic nerve, and treated with blisters, hypodermic injections, liniments, etc., and after some weeks was again able to leave the house. She first consulted me concerning her back and side in March, 1878. Her appetite was capricious, sleep poor, menstruation painful, mind depressed, unable to take physical exercise except of gentlest kind.

A prominent homœopathic gynecologist of Chicago had examined her pelvic organs on two days preceding her visit to me, and pronounced them healthy. Not wishing to prescribe on another's diagnosis, I made an examination, and found extensive erosion of the os uteri, endo-cervicitis, and antelexion. The left hand on the abdomen detected a large tumefaction in the left abdominal region, extending from the crest of the ileum upward nearly to the ribs, and forward to within an inch and a half of the median line, that was somewhat tender to pressure, oval, circumscribed, non-fluctuating, and could not be reached per vaginam, thus excluding pelvic deposit or cellulitis.

This was quite a surprise to her, as she had been examined and treated by several physicians, and it had not been discovered—but was a solution, in part at least, of her years of suffering and despondency.

She was requested to paint the part with tr. iodine, and take alteratives and tonics, while the endo-cervicitis was treated with

iodized phenol, borated tampons, etc., for a few weeks, with gradual improvement. In the beginning I had told her the swelling was uncommon, and would give her trouble. Not apparently satisfied with my prognosis or experience, unbeknown to me, she consulted another specialist in Chicago, who assured her it was quite common, and would disappear with the uterine trouble. Thus encouraged, she became his patient for three months, until the cervical catarrh was cured, but she was no better, and was recommended to the seaside for salt water baths, change of air, etc., also to be in charge of another specialist, where she remained until February, 1879, when she returned to me unimproved. An examination revealed very deep and somewhat indistinct fluctuation of the tumor. She was again put upon tonics, and flaxseed poultices applied until September, when aspiration was performed, and about one pint of pus withdrawn. By Dec. 19 the cavity had refilled, when I introduced the trocar a little above and half-way between the crest of the ileum and the median line, and withdrew 14 ounces of healthy pus, and washed the cavity out with a 5 per cent. sol. of carbolic acid. Jan. 21, 1880, the cavity had again partially refilled, and two ounces of pus were withdrawn, and again washed out with an 8 per cent. mixture of carbolic acid. April 16, slight deep fluctuation could again be detected, and six ounces of pus were withdrawn, and the cavity cleansed. After this there was no reaccumulation. It was necessary to introduce the trocar about two inches before the pyogenic capsule was reached, which was very tough, and penetrated with considerable difficulty.

The aspirations were not followed by any considerable pain or constitutional disturbance, and she was able to leave her bed and go down stairs on the same day. From the time of last aspiration her health and strength rapidly improved; the pain and lameness left the side, back, limbs, and head, and she has now enjoyed nearly four years of the best health of her life since a child.

CASE II.—April 12, 1882, was called to see Miss T., age 18, in full flesh, and every external appearance of perfect health. She gave me the following history: In April, 1880, while at college in the East, was suddenly seized one day with pain in the back, like lumbago, so she was scarcely able to move. Painted

her back with iodine and applied various plasters, which relieved somewhat. In June the pain had shifted to the right side and was somewhat milder. In September she had pain in the back and both sides, being severer sometimes in one place than in another. During the fall and winter of 1881 she again had pain in back and sides, especially when sweeping, stooping or lifting. Had also considerable headache, especially behind the ears, increasing nervous irritability and chilly sensations, but no regular chills. In spring of 1881, pain in sides and back become constant and severe, and at times would run down right thigh and leg. Sleeping on right side increased the pain. In July, 1881, first consulted a physician, who used dry cups, liniments and blisters, but did not benefit. During the fall of 1881 she was conscious of growing weaker, having more constant pain and being less able to elevate right limb, go up or down stairs, get in or out of carriage, walk, dance, etc. A horse-back ride caused some pain, and on dismounting she was unable to step. Pain was somewhat in front of abdomen, and ran down to ankle. Could not sit long in one position. Appetite varying, sometimes loathing all kinds of food, at others craving sour articles. Was too nervous to sleep. In December went out of town for a month, as she was somewhat easier, and danced a little, which didn't cause much pain. Was pale at times, with dark rings under the eyes. At other times had flushed cheeks, and evidence of fever. Right leg and foot often felt cold and numb. Could not rest weight of body on right limb. Began to walk somewhat lame, and the right hip seemed higher than the other.

While away at this time, she slipped and fell on the pavement, which caused the return of so much pain that she was unable to stir for several days. After returning home from this month's absence, the right limb could not be moved except as she lifted it with her hands. Could not cough, laugh, or sneeze without increasing her pain. In February, 1882 the right leg seemed an inch longer than the other, and the whole side, arm and hand, were painful. Could not turn over in bed without sitting up. Had recently become fretful and emotional. Felt best, half-reclining with hand pressing the side. Menstruation began at 14; always somewhat irregular, but painless, until the present trouble began

two years ago. Her last physician said the "womb was tipped," but made no examination; the one before the last treated her for hysteria. Present condition: Pulse, 120; temperature, 101°. Patient well nourished and abundance of adipose tissue. Right half of abdomen most prominent, measuring an inch and half more than left. Also right thigh an inch larger than left, from œdema, which extends nearly to ankle. With the patient lying on her back a large deep fluctuating tumor was found in right side of abdomen, extending from near the liver to the crest of the ileum and a little below and more than half way to median line, sensitive to pressure. From my experience with Case 1, I at once made diagnosis of abdominal abscess, and advised aspiration. As this was the first time I had been called to the family, the parents wished a little delay unless the case was urgent. The patient was put on quinine, and mineral acids and poultices applied to side. May 1, Dr. J. saw the young lady in consultation, but could not make out fluctuation, which was much obscured by a thick layer of adipose, and thought the case one of solid tumor of ovary. In this I could not concur. He, however, agreed to exploratory aspiration, which was done on May 3, the patient being under ether. The trocar was introduced three inches and three-quarters before the abscess cavity was penetrated, when sixteen ounces of laudable pus were withdrawn. It was introduced about one inch above crest of ileum and two inches toward median line.

The cavity was washed out with six per cent sol. carbolic acid. Operation not followed by reaction. May 29, cavity partially refilled and eight ounces aspirated; cavity washed out. July 10, fluctuation again detected, and six ounces of pus evacuated. Then about six ounces of an eight per cent sol. carbolic were injected through the canula into the cavity or some other place, as I was unable by any manipulation of my instruments to withdraw it, I withdrew the canula and reintroduced it with a trocar, but could not get back my solution, which represented about half an ounce of the pure acid. There was nothing to do but await results, which we did with utmost anxiety. When she recovered from the ether she complained of pain in region of abscess and a mixture of morphine and atropia was administered hypodermically, and repeated in the evening, when, as no other unto-

ward symptom appeared, we felt the danger of poisoning was past. A mild grade of peritonitis followed, which was easily controlled, and on the 16th the tympanitis had subsided, the pulse and temperature were normal. From this date recovery was rapid, swelling of right side and limb disappeared, together with tilting of pelvis, lameness, fever, and pain. The cavity has not since refilled and the young lady is in perfect health. In my last communication with Case I, she said she had felt her trouble as a stinging pain for ten years; while Case II undoubtedly had its origin more than two years before I saw it. Neither one exhibited any tendency to pointing or spontaneous opening. Neither had urinary disturbances. If my carbolic acid sol. was only five per cent, there was still nearly $2\frac{1}{2}$ drams, but it was ordered eight per cent. Why it did not kill I am unable to answer. I have not space to give the differential diagnosis between these two cases and perinephritic abscess, only that the *tout ensemble* was unlike it.

ARTICLE II.

CLINICAL AND PATHOLOGICAL REPORTS OF CASES OF INSANITY.

By S. V. CLEVINGER, M.D., Special Pathologist Cook County Insane Asylum.

Female case No. 294. Mania in puerpero. Mary C.; age 32; Canadian; married; admitted July 26, 1883. Two weeks before, placenta prævia and difficult forceps delivery. Four days afterwards, became suddenly insane, and during a remission of furor was brought here helpless, incoherent, restless. Talked of electricity all about her; had a succession of furibund attacks; tried to walk up the wall; tore clothing; sang loudly, but seemed to recognize persons and be conscious of surroundings. Under Dr. Spray's constant care the attacks gradually lessened in severity, and the intervals grew longer between them. At times when disappointed at not seeing her husband, would become very much depressed and furor would follow, whereupon he was advised to visit her oftener. By the last of August patient was fully recovered, and was taken home September 9, 1883.

Female case No. 223. Melancholia. Ulrica H., aged 18, German, domestic, single; admitted March 8, 1883. Would do but little else than pray continuously. Badly nourished. A maternal half sister became insane at age of 16. Mother died of variola. Father living and well. June 20 a severe, uncontrollable dysentery began, and a few hours before her death, June 26, her mind was restored, and she talked rationally, expressed a fear of death, but soon became reconciled to its approach.

Autopsy next day. Endocolitis. Body emaciated. No osseous dural adhesions. Entire brain abnormally pale. Cerebro-meningeal adhesion over center of middle temporal convolution right side. Meningeal vessels full. Cerebral vessels more apparent, owing to paleness of brain. No asymmetry. An arachnoid cyst, size of a walnut at center of cerebellar base, containing clear fluid. As in melancholia there are rarely to be found brain lesions of any kind, it would be well to attach but little importance to this cyst in any ætiological sense. However, it is *possible* there may have been a connection between it and the reduction it may have undergone through the colliquative discharges preceding her restoration of reason. The etioloation of the brain would, however, point to a depressed quantitative or qualitative blood condition as more to be regarded in her case.

Female case No. 849. Typhomania. Adelaide G., aged 24, German seamstress, single, admitted Sept. 27, 1883. Two months previously, arrived in Chicago from interior of State; alleged that an expressman had outraged her next day, since when she had wandered about the streets distractedly. Two front teeth missing, sordes abundant, mouth parched, general emaciation. Erythematous patches on legs, which, if nodosum, must have been in recovering stage, as the surface was even. Struggles against all attention, raves and presents other evidences of acute delirious mania; constantly repeats "Ich bin Gott's Kind." Medicine administered with difficulty. Insomnolence extreme. Nov. 15, less delirious, but still furibund. Nov. 30, fever subsided but refuses to speak much, acts sillily, is quiet, and industriously crochets all day. December, stands by window gazing out vacantly, sometimes weeps. January, answers in monosyllables, laughs childishly if addressed. February, the expression

of fatuity common in terminal dementia more apparent. Is more inclined to idleness and apathy.

Female case, No. 310. Monomania. Ellen Z., aged 26. Stockholm, clerk, single, was "queer" since seven years old. Past four weeks before admission, imagined herself a Princess of Sweden. Admitted August 16, 1883. Is very quiet and dignified. Can be trusted out of ward. She has a fair education, and by exercising patience her story was extracted from her disjointedly, and with digressions and ramblings among non-essentials, by which she sets great store. She suddenly came to the conclusion that she was a Swedish princess, because in Stockholm the members of the family she was raised with were unlike her in tastes, aspirations, etc., and certain persons had been very kind to her in America, a condescension she construed into a recognition of superiority. Things she read in newspapers and various insignificant matters appeared to her mind confirmation of her dominant idea. This is an exaggerated phase of the suspiciousness Shakespeare describes as causing jealousy to see justification in trifles. Both the sane and the insane, when ridden by an idea, see everything in unusual ways. The patient wrote long letters to the superintendent, offering him \$40,000 for her release, stating that as she intended to spend \$25,000 for a musical education suitable to her royal position, time was a consideration to her. With these grandiose, systematized, reasoned-out delusions, she had the delusions of persecution natural to the disorder from the opposition she met with everywhere. She grew gradually less obtrusive with her delusions, and by October confessed to me that there might be nothing in them; a little later asked seriously if she really were crazy, and had been imagining all these matters; Nov. 19, 1883, she was discharged, having yielded up all her false notions and apparently fully recovered.

The fact of her peculiarities being noticeable when quite young, and augmenting suddenly as she matured, would show how imbecility and monomania may be graded into one another. Spitzka regards them as allied. Had these delusions appeared earlier she might have been classed as a hebephreniac, though with decidedly monomaniacal tendencies.

Female case No. 70. Terminal dementia. Apaline H., aged 37, German, married; admitted June 16, 1877. Insane eight years before admission. Entered on old books as maniacal. Had been a hard working woman, with a worthless husband and eight children. It is said her insanity dates from burring of her property. She has passed to the demented stage of filthiness, incoherence, and unconcern for everything but eating. Both a son and daughter are also in the asylum. With the proof of heredity in their cases, their ages would indicate the mother's predisposition to insanity dated to her juvenility, and renders it probable that she inherited the taint.

Female case No. 305 (daughter of preceding female case, No. 70). Hebephrenia. Nellie H., aged 20, American, single; admitted August 9, 1883. Insanity has been approaching gradually "for years." Depressed, with occasional silliness and explosions of anger. Is in fair health; careful to dress neatly; converses fairly well. She seemed to realize her condition, and on arrival begged not to be taken to the same ward where her mother was. She asked anxiously daily if we did not consider her as better and appearing much improved. She was sent home August 26, but her friends returned her in a nearly demented state November 24 following. Deterioration is gradual, but sure. Her face is growing "soggy," expressionless, and she often stands in one place for hours unconcerned in her surroundings.

Male case No. 311 (son of preceding female case, No. 70). Hebephrenia. Edward H., aged 25, American, single; admitted October 25, 1883. His insanity has gradually approached during past years. Three weeks before admission began to chase peddlers; became noisy and more silly than formerly. Imagines himself a big Indian. The following is from his pen, and a fair sample of insane literature:

"Cook Co Insane Asylum Cook Co Ills "Dear ——: I am still in the insane Asylum getting along well and if You have anything to send me Please bring it Yourself or send it by mail Yours ever lovingly my mother is getting better I hope ten Years is a long time for a lady to be out of her mind. I ask Your mother for Your hand She as You may remember concented my

fortune is small but my love is big, and my hate is still bigger so remember if You have anything to send to me Geog w washington Stone Dead or alive. You can do as you wish I lost my cent my Post office money orders have been taking from me and Whatever wase done with them I dont know. They may have locked them up taken away from me and Youused for some other purpose You can speak to your mother or write and ask Your Father to Please and help you if he can and then some time tell him I asck You for your hand as my WIFE and in case of war I must leave You at home, unless you are willing to follow me, but I would rather leave you at home with your mother in such times so I will be more ably to attend to my bussiness better when I am alone thats the reason Dear — when I tend to bussiness I allwase go alone and let me know if Fred — and your mother hase asck your pardon for what they done to you and me He Insulted me and You in my absent tell your Father how you fell agaist me for protecktion My Mother and my Fathers left wills for me but I never see them, or, they were never shone to me after me visiting Chicago three different times so I think it would be nessesery to have my Parents attend to this matter of bussiness, for me, or if they whant me to attend to it for them I can do so but would rather my *Father* would attend to it for me Chief Apach and several other tripes have been wronged and they or rather I came to them I smoked the pipe with them and the pipe said War, my tripe are the Commanches they said pease. when I smoke pipe it meant pipe, and when we whant Peasee wee make our own pease or our own warr) Inland whants war let them make there own warr my Country lives in pease unles they force use and thats what they have done. so let them learn to make pease with Americka. My mother named me when first born Washington

Yours truly Edward”

“P. S. Notice this letter well and save it for me to read again when I return home or return to Chicago as I have no home, only among my tripe of Indians the Comanch.”

The systematized delusion does not make him a monomaniac, as some would suppose, for he does not attempt to reason about it.

Female case No. 136. Recurrent Insanity. Ellen D., aged 36, Irish, married, admitted June 4, 1881. In 1879, two months

before her fifth baby was born, the house in which she lived burned down, and she was exhausted in the endeavor to save property. Rallied a little till the baby was five months old, when headaches and wakings at night, imagining house on fire, began. On the streets, soon after, was seized with blindness and vertigo, followed by overpowering desire to return to Ireland. Sold off household goods without husband's knowledge and became indifferent to children; was in asylum five months and discharged apparently recovered. Headaches continued with frightful dreams, increasing with pregnancy. Six weeks before last confinement, came to Chicago from St. Louis, became depressed, and fearing to be sick without shelter went to the County Hospital, thence to poorhouse, where child was born the day following. Mania in puerpero began, and she was brought here. Husband said to be a drunkard and abusive to her. During long intervals she would be perfectly rational, industrious, and quiet. She is naturally well behaved and gentle, but two or three times yearly she would become morose and furibund, swear and use obscene language, for a week or more, and then recovering become very penitential, apologizing to all, saying she remembered everything but was powerless to prevent her bad behavior.

Last attack was in February, 1883; in July some of the usual prodromata appeared, which she noticed as preceding her trouble, such as pain in side and back, with tongue furred and bowels costive. Slight purgation caused all these to disappear. Apparently recovering.

Female case No. 137. Terminal Dementia. Mary H., aged 26, Irish, single, domestic, admitted June 9, 1881. Facial erysipelas, relatives state, "lasted two years preceding her insanity," which began with furor and verbigeration, and at this writing has progressed to the chattering incoherency of dementia, without its abject helplessness. She works in the asylum dining-room quite willingly, and is much better off while so engaged. She is very abusive and talkative, mocking everyone, but not destructive. Appears to be chronically angry, but is satisfied with incessant scolding. No hereditary taint. She occasionally makes demonstrations with butcher knives, and under bad management would do harm, but a piece of cake or bread, or the least kindness ten-

dered her, quickly changes the current of her thoughts and intentions.

Female case No. 50. Imbecility. Keziah S., age 44, American, single, admitted Feb. 24, 1876. Reads and writes a little. Dangerous if unrestrained; uncontrollable temper when at home; thinks everyone steals from her; incoherent, abusive, and at times very noisy; dislikes men; loves to annoy everyone; microcephalic; never known to be sick. Mother died of some stomach trouble; father of apoplexy, at age of 80. Mother just previous to patient's birth attended grandfather in last illness, and was overworked. Menstruates regularly. Rachitic in infancy. She is so suspicious that others will steal from her that she insists upon washing all her own clothing; will not trust it in laundry. If anyone touches anything belonging to her she keeps up an incessant chatter, half shriek and half gabble.

Female case No. 3. Terminal Dementia. Catherine L. age 32, American, single, admitted Jan. 1, 1866, but was in insane department of poor-house in 1857. She is called "Katy Darling," possibly from having sung that song years before demented stage reached. Was originally destructive with frequent furor maniacorum. Has a sister here also insane, (case No. 92). Mother died with pneumonia, aged 50. Father had bad reputation; deserted his family and gave mother much trouble during pregnancy, which is claimed by others in family as predisposing cause of insanity. Exciting cause, disappointment in love affair. "Katy" works faithfully in ward dining room, seems happy, but is incoherent, and has an expressionless face. Assumes much importance, and insists upon patients keeping order in her domain, in which she is very helpful.

Female case No. 92. Terminal dementia. Mary F., age 35, American; married; admitted May 23, 1879, (sister to case No. 3); was always nervous and inclined to melancholia. Insanity first noticed in 1872; husband left home and business and she worried accordingly; Nov. 1877, miscarried, after which developed melancholia agitata, which passed rapidly to terminal dementia. At first she afforded the sentimental idea of insanity, crouched upon the floor with her beautiful black hair drawn across her face, passing her fingers listlessly through the meshes, but while her condi-

tion is more nearly that of her sister's, taking some interest in her surroundings, her bloated visage and fleshiness, recently acquired, reveal the hopelessness of her final stage.

Female case No. 38. Mania. Unknown name; age 59; nothing can be ascertained concerning her; she persists in calling herself Mrs. Lincoln; says she killed "old Abe," her husband; lies inordinately about everything; is obscene, and upon slight provocation furious; fights and swears readily. When asked what her name was before she was married, says it was Todd, thus being consistent in her delusion.

Female case No. 40. Hypomania. Ingar R., aged 46; Norwegian; married. Is quite useful in her ward, helps with the sewing and cleaning, but constantly mutters her orders to everyone. She imagines herself a queen; is not certain as to what kind of a queen she is; readily assents if told she is Queen of Sweden, Queen Victoria or Queen of Tragedy. Her ideas of regal authority are mixed with that pertaining to a police magistrate; she fines anyone five dollars for smoking in her presence; frowns severely upon all, but smiles complacently if petted and flattered. She is not a monomaniac, because her ideas are unsystematized, and no attempt at reasoning is made; nor is she a simple maniac, because with the exaltation of feelings she has no furor at any time. She dresses on state occasions with tinsel crown, and any gaudy trumpery she can find. She has hallucinations of hearing and sight, but of a pleasurable kind.

Female case No. 14. Mania. Wilhelmina S., aged 57, German; admitted January 6, 1871. Chronically verbigerative, abusive, noisy, vile talker. Has hallucinations of sight and hearing. Dislikes and attacks everyone except Dr. Spray, whom she imagines is her son. She has covered the walls of her room with rude drawings and appropriately silly inscriptions. Her day's work consists in standing at the window swearing at passers-by, bobbing her head to and fro with rage. It is amusing to see how her manners change as soon as her "son" appears.

Female case No. 127. Katatonia. Ellen P., aged 23, American, single; admitted in 1880. One of the most interesting cases in the asylum. Cataleptoidal and stuporous usually three months at a time, during which saliva oozes from her mouth, and

she maintains for hours any position in which she may be placed, however awkward. Arms may be elevated, and they will remain as placed. Has the waxy mobility of this disorder marked. Suddenly emerges from stupor, becomes lively and tidy, and invades rooms of other patients, turns repeated somersaults up and down the corridor. Melancholia follows this stage, and lasts about three months. Catalepsy lasts longer in winter than in summer months. Never has menstruated, to attendant's knowledge. Since childhood she has been peculiar in looks and manner, and at age of 14 was more insane, and taken to Batavia asylum and thence home, but her troublesome pranks compelled her being brought here. Last cataleptoidal state began in December, 1883, lasting till January 31, 1884, when she arose in the morning, made her bed, and was quite lively and garrulous, but relapsed later in day. Next day the same thing occurred, but stupor not so marked. February 3, 1884, maniacal stage fully developed, and continues.

Male case No. 5. Mania. Dietrich S.; admitted July 14, 1869. Present age 59; German. First attack sixteen years duration. Spends nearly his entire waking time hammering on the head of a nail. He says every time he hits it he strikes the devil on the head.

Has two fistulous openings in left leg, fibular side below knee, made by bullet wounds at battle of Vicksburg, while a soldier in the late war. He keeps the wounds irritated by pieces of lint inserted in them, as while discharging his health and mind are better. Mania developed after the battle, but "was crazy a little before the war."

Father died of "kidney disease," aged 54; mother of phthisis pulmonalis, aged 57.

Male case No. 60. Monomania. Samuel N., admitted January 30, 1879; aged 54, English, lithographer, spiritualist. Three years insane prior to admission. Says he was arrested for writing an article in the *Religio-Philosophical Journal*, at the request of the editors, who, he claims, are afraid of him. Not intemperate. Talks very rationally. Worked in drug store of

asylum four years; jocularly remarked that he "never got further than pounding cinchona bark." Recently at work in asylum store-room. Is very industrious, and can be trusted anywhere on any errand, but every morning he adorns the trees and public spots around the building with proclamations against spirits, mediums and ghosts. His fulminations are embellished with off-hand geometrical figures, doubtless suggested by his lithographic career, but these figures evidently serve some cabalistic purpose. Here is one of his least offensive documents. It is headed with a sketch of a church: "Little Church Round the Corner. Moral Church we bury our brothers in one peice In honor of the cannons of our order Ladi Lado Lade Ladum Lady These ladies know nothing about Red Stocking In Honor of the Nitric Acid Ceremonies." Which smacks more of freemasonry than another one, wherein he inveighs against certain bastard mediums, and threatens to take away their spiritualistic control. I have a collection of his pronunciamentos.

Male case No. 24. Monomania. Admitted March 18, 1873. James C., age 45, Irish, lawyer, married. Verbigerative. Delusions systematized. This is one of our "show patients." He has a very plausible delivery, and tells you confidentially how a certain judge before whom he plead turned into a boa-constrictor, and the jury into devils. Satan bothers him considerably. July, 1883. He is undergoing more metamorphoses than Ovid dreamed of. He used to wipe one eye with a moist salted rag until the optic was quite inflamed. Now he says he has cast off thirteen skins. Employs his entire time blowing snakes from his nose, and expects soon to be transfigured. Much of his acquired legal adroitness clings to him. For example, a visitor, thinking it best to acquiesce in all an insane person suggested, was asked by him recently if he (the visitor) didn't know that Lincoln was President? Ans. "Yes." "Well, you know General Grant has captured Mexico?" Ans. "Yes." "And you know that Susan B. Anthony is Vice-President?" Ans. "Yes." "Well, you know a great deal more than I do, and I think you are a bigger fool." With this he turned contemptuously away.

ARTICLE III.

TREATMENT OF ECZEMA. A Lecture by HENRY J. REYNOLDS, M.D., Professor of Dermatology, College of Physicians and Surgeons, Chicago. Reported by R. W. Mathers, of San Francisco, Cal., of the Senior Class.

When we consider the scores of names that have been made use of by the different authors to designate the numerous forms of eczema, as a natural consequence we get the idea that the treatment must necessarily be very varied in order to fulfil the numerous requirements resulting from so many different existing conditions.

When we consider, again, that many if not all these numerous forms of the disease are or may be produced, or at least aggravated, by external causes, we necessarily arrive at the conclusion that the treatment, in order to be the most beneficial, must be to a great extent *external* or local in character.

And again, a consideration of the fact that nearly all of these various manifestations of eczema tend to spontaneous recovery when the part is simply protected from external or local irritation, suggests the idea that the external or local treatment must be mainly conducted with a view to the removal and continuous suspension of all forms of external or local irritation.

The treatment then must be mainly external; its chief object being the removal and continuous exclusion of all irritation. In no disease of the human body, however, are careful observation, scientific investigation, good judgment, and common sense more essential in the physician than in the treatment of eczema in its various forms, locations, phases, and stages. It cannot be intelligently managed by rule or by any specific line of treatment; the remedies must be adapted to the particular existing conditions met with in each individual case. What would prove useful in one stage, in one form, in one locality or in one person, may be not only useless in another, but absolutely injurious. The secret of successful management of this disease, perhaps more than all others, lies not so much in the amount of knowledge the physician possesses, as it does in the proper and scientific application of what he does know. The pathology being absolutely

identical in no two cases, so the treatment must necessarily vary; and a knowledge of specified lines of treatment, or certain combinations of drugs said to be useful, with a neglect of consideration of the principles upon which treatment should be based in each individual case, is liable to mislead.

With these few ideas constantly in mind, with the confidence and coöperation of the patient, with the possession of good judgment and common sense, with even a limited amount of scientific knowledge, the physician is prepared to intelligently undertake the management of each case as it presents itself, no matter what its particular form or name may be; and is in the majority of cases, under such circumstances, warranted in guaranteeing a cure.

In a disease which, untreated, naturally tends to chronicity it is of the utmost importance that in rendering a prognosis, the physician secure for himself an abundance of time, in which to complete the cure. The coöperation of the patient with regard, to the length of time he is willing to persist in the carrying out of the prescribed treatment, is as essential to the ultimate success of the same, as the remedies made use of. The physician is many times defeated in a cure in chronic cases solely by lack of persistence in the treatment on the part of the patient.

The hosts of remedies for the external treatment of eczema may be embraced under the heads of oleaginous preparations, dusting powders, and various astringent, alkaline and anodyne lotions.

Perhaps all cases presented for treatment may be intelligently managed by dividing them into three classes: First, those the features of which are mainly of an *acute* character; second, those forms wherein the predominating features are *subacute* in type; and third, that class of cases that take on the indolent or *chronic* form. The treatment may then be arranged accordingly; always subject, however, to constant variations according to conditions warranting the same; for instance, the acute may very soon take on a subacute form; the subacute may approximate in character the acute or the chronic, and the chronic may at any time, owing to circumstances perhaps not under the con-

trol of the physician, develop acute symptoms. Here, as before stated, the physician is called upon for common sense, good judgment, power of discrimination. etc., which are as essential elements in successful treatment as an unlimited knowledge of remedies.

First, then, before adopting any line of treatment, determine what the predominating features are; whether they be acute, subacute or chronic. To a naturally close observer, with even a limited amount of experience, this is a matter of no great difficulty.

Acute.—In this form of the disease, soothing measures usually give the best satisfaction. The effect of water and atmospheric action upon a surface of this kind seems usually to be injurious, and to fulfil the indications in this case, the different oleaginous preparations generally answer the best purpose. To envelop the part in a lotion of equal parts of oleum amygdalæ dulcis and aqua calcis, in certain cases, works admirably. The oleum olivæ or oleum lini may be substituted for the oleum amygdalæ. Various poultices answer as well or better in some instances. They may be made of linseed meal, ground slippery elm bark, etc., and in order to do the most good, should be applied hot or warm, and allowed to remain as long as possible without changing. By covering them with oiled silk, they will retain the heat longer, and thus obviate the necessity of so frequent changing.

Subacute.—In this class of cases, which may assume this form from the beginning, or may follow the acute, the various dusting powders, certain soothing and mildly stimulating ointments, etc., are useful. Lycopodium, carbonate of magnesia, bismuth, oxide of zinc, boracic acid, camphor, alkaline remedies in the form of soap, iodoform and salicylic acid, alone or in various combinations and proportions, or combined with certain mild unguents, as ung. aquæ rosæ, ung. petrolati, etc., will be found among the more useful of this class of remedies. For instance:—

R Zinci oxid..... $\overline{5}$ i-ii
 Pulv. camph..... $\overline{3}$ ss-i
 Pulv. lycopodii..... $\overline{5}$ i

Sig.—Apply twice or three times a day, after cleansing with soap and hot water.

R Pulv. iodoformi.....grs. x-xx
 Zinci oxid..... $\mathfrak{z}\text{i}$
 Ung. aq. rosæ vel petrolati..... $\mathfrak{z}\text{i}$

M. Sig.—Apply two or three times a day.

The camphor and oxide of zinc are particularly useful if an antipruritic effect be required. Soap in this stage should be only mildly alkaline, some of the hard or soda soaps being rather the preferable form. It should again be borne in mind that during the treatment of this stage the symptoms may at any time assume either the acute or chronic forms. and necessitate a variation of the treatment accordingly.

Chronic.—In this form, which may be chronic from the commencement, or may follow the preceding form, more active and stimulating measures are required. The soaps which, in this stage, are used for their stimulant and antipruritic effect, dissolving and getting rid of pathological products, which create irritation, induce pruritus, prevent physiological action, etc., should be of the strongly alkaline or potash variety, and should be freely used. The different tarry preparations seem to be among the more beneficial remedies in this stage. The application of clear oxide of zinc, boracic acid, etc., in powder, governed according to the particular condition of each case, answers a good purpose. If there be considerable exudation with a tendency to pus formation, and not much bright redness of the surface or acute symptoms, the application of clear boracic acid in fine powder, after washing with *sapo viridis* and hot water, twice a day, works admirably, especially so in eczema of the leg with venous varicosity and infiltration, the powder being then secured by application of a snug bandage, rubber, with loose cloths interposed between it and the leg being in most cases preferable. The tarry preparations may be used in the form of lotions or ointments, the latter, however, being preferable if much excoriation or fissures exist, in a manner similar to the following :

R *Picis liquidæ*..... $\mathfrak{z}\text{i}$
Saponis viridis..... $\mathfrak{z}\text{ii}$
Spts. lavandulæ..... $\mathfrak{z}\text{ii}$
Spts. rect. ad..... $\mathfrak{z}\text{viii}$

M. Sig.—Apply with friction three times a day.

- R.** Olei cadini.....5i
 Acid boracici5i
 Ung. aq. rosae vel ung. petrolati.....5i
M. Sig.—Rub gently into the skin three times a day,

The pix liquida or the oleum betullæ albæ may. be substituted for the oleum cadini.

It must be remembered that this chronic form may at any time develop acute symptoms, at which time the measures must not be so active; or when first presented for treatment, it may be chronic as regards duration and still the predominating symptoms be acute. Absolute cleanliness should be enjoined in all stages when practicable. In eczema of the scalp where the part is liable to be covered with crusts and scales, they should be first removed by soaking with oily preparations, washing, etc. The treatment may then be adapted to the condition as in other localities. Compression, by means of plasters, is useful in many chronic and subacute cases where the condition, or location, render the application of a bandage inadmissible.

Constitutional.—While it may be conceded that in the majority of cases the treatment must be mainly external in character, it is, nevertheless, essential that the general system be kept in a condition that will necessarily favor the desired reparative process. For this purpose, it is quite probable again, that no specific line of treatment can be laid down that may be suitable in each and every case. It is the custom of many physicians to prescribe arsenic in this disease, but instead of doing good it is, no doubt, absolutely injurious in many cases; this is especially true of the acute forms. Many of these forms seem to be influenced materially by malaria, and in this case the anti-malarial treatment should be adopted. The general condition of the skin, alimentary canal and other organs should be regulated, if necessary. Arsenic may be tried in the dry, or squamous varieties, if other measures fail. In the pustular or other forms, wherein a pyogenic tendency exists, the sulphide of calcium is well worthy of a trial and sometimes works admirably. It may be given in doses of from one-tenth to one grain three times a day.

ARTICLE IV.

A CASE OF RETENTION OF PLACENTA SUCCENTURIATA. By DR. HAUSSMANN, of Berlin.

The following article, written by Dr. Haussmann, lecturer on gynaecology and obstetrics at the University of Berlin, throws a light upon certain conditions in the confinement of women, which to my knowledge have been hitherto entirely ignored in this country. I remember distinctly a case of this kind where the physician had delivered the child, a placenta, and, as he thought, all of the foetal membranes.

The woman, who had been anæmic for a number of years, died from hæmorrhage, and the autopsy proved the presence of a placenta in the uterus, with a part of the foetal membranes. The county physician laid the blame on the doctor for having torn the placenta, thus causing fatal hæmorrhage. The latter being able to prove that he had delivered a whole placenta, denied the statement, and there was confusion on all sides.—*O. Stroinski*, M. D.

The presence of a second placenta in single births in the human female, which has to be regarded as retrogradation in the sense of Darwin, has been known for the last two centuries, and it has been observed either after spontaneous expulsion, or by hæmorrhages or by impregnation after delivery. At the time of the delivery its presence seems to have been detected only in rare cases, notwithstanding the fact that it is found in a certain number of all cases and is very well characterized by the long duration and tardiness of the delivery of the child and of the placenta. The following case, which showed characteristic symptoms at the time of the delivery, proved to me the presence of a second placenta at a time before the first placenta was delivered, and it gave me the indications for the proper action.

Mrs. X. had normal pains at the regular time, and at a quarter to 5 o'clock in the morning a living boy weighing 3,000 grams was born. About ten minutes after the birth of the child I attempted to remove the placenta by friction and pressure through the abdominal walls, the uterus contracting but little and there being considerable hæmorrhage. This attempt failed but by a

second attack ten minutes later, the expression was easily performed. But in elevating the placenta and in the attempt to remove the foetal membranes which were yet enclosed in the genital organs, I noticed a rupture in those membranes. Entering the vagina, I found a resistant tumor on the foetal membranes, and in entering the uterus the presence of a second placenta was detected and which was adherent to the uterine walls. It was situated on the posterior wall of the uterus and adjacent to the os internum, and it was intimately connected with this wall and the foetal membranes. In carefully separating this second placenta from the adherent wall I removed the whole from the now regularly contracting uterus, the latter being washed out with a 2 per cent. solution of carbolic acid. The patient recovered in the normal time, and the lochiæ were of the regular amount. The first placenta was normally formed, except the cotyledons, which were somewhat flat. The second placenta had a tongue-like form, and it was about 9 cm. long on its lower margin; 2 cm. on its upper surface; 5 cm. broad, and its seat on the foetal membranes was distinctly distinguished from that of the first placenta. The method of removing the placenta by expression through the abdominal walls has now been generally accepted, but I will here call the attention of physicians to the fact that this act is sometimes made impossible by the presence of a placenta succenturiata.

ARTICLE V.

A CASE OF MONSTROSITY. A CHILD WITH A DOG'S HEAD.

By C. HARD, M.D., Ottawa, Illinois.

On the night of September 8, 1883, I was called to the vicinity of Starved Rock, in this county, to attend Mrs. G., a German woman, in her second labor. The waters had been discharged several hours before I arrived. The pains were violent and frequent. On examination, I found the os only partially dilated. A soft mass presented, which at first I supposed to be a breech presentation. The pains continued almost without cessation for hours, when, just at sunrise, she was delivered of a very large female child, weighing $14\frac{1}{2}$ lbs. The body was well-formed and

perfect, but the head was almost the exact counterpart of a bull pup, and was the most hideous monstrosity I ever saw. The eyes were high up on the forehead, large and round, and protuberant, and were two and a half inches apart; no eyebrows. The nose was long and flat, and continued to the mouth, with wide open nostrils; the distance from forehead to nose and mouth $3\frac{1}{2}$ inches. The ears were small and long, standing out from the sides of the head one inch, and looked like the cropped ears of a stable dog; they were $3\frac{1}{2}$ inches apart. Back of the ears was a single tuft of coarse reddish hair, about one inch long. There was no back part to the head; or rather, no bones, but a simple sac containing a soft, semi-fluid mass. Taking the whole face together, the resemblance to a dog was most striking, and was at once remarked upon by all present, some of whom were anxious that I should despatch it at once, but I allayed their fears by assuring them that the child would not live. It did live four hours, giving out faint moans from time to time.

Owing to the sensitiveness of the parents, I was unable to procure the head, even for the purpose of making a cast. The husband, upon questioning the mother, who does not speak English, gave me the following statement: Her father kept a large dog chained to his kennel, and during the early part of her pregnancy, she was in the habit of visiting at his house. While going past the dog one evening he suddenly sprang at her, barking furiously, and frightened her almost out of her senses, and she had labored under the impression ever since that her child would be marked. Such is their story, and I give it for what it is worth. The parents are both well-formed, and have one child two years old, also well-formed and bright, and there were no ties of consanguinity between them. What caused the monstrosity?

Manaca, the root of *Francisca uniflora* acts energetically on the lymphatic system. It is used largely in Brazil as an anti-syphilitic remedy and as a purgative and diuretic. In rheumatism it seems to be a specific and it is said that twenty drops of the fluid extract given twice daily are sufficient to suppress the severest attack. In Brazil it is called *mercurio vegetal*.

Hospital Reports.

ARTICLE VI.

COOK COUNTY HOSPITAL.

The meeting of the recently elected medical board resulted in the assignment of the following gentlemen for duty :

As surgeons, Dr. T. W. Miller; Dr. R. L. Rea; as physicians, Dr. S. A. McWilliams; Dr. P. H. Cronin; gynæcologist and obstetrician, Dr. John Guerin; oculist and aurist, Dr. L. D. Jacobson; pathologist, Dr. W. T. Belfield.

Clinics are given as follows :

Monday, 2 P. M.—Autopsies by Dr. Belfield.

Tuesday, 1:30 P. M.—Medical clinic by Dr. McWilliams.

Tuesday, 2:30 P. M.—Surgical clinic by Dr. Rea.

Friday, 1:30 P. M.—Medical clinic by Dr. Cronin.

Friday, 2:30 P. M.—Surgical clinic by Dr. Miller.

The new pavilions are being fitted for occupancy; it is expected that the western pavilion will be in part occupied by the obstetric ward during February.

It is estimated that each pavilion will accommodate 75 patients.

The upper floors of these buildings are divided into small rooms, available for private patients or cases needing special attention.

The new buildings will contribute a surgical, gynæcological, obstetric and medical ward to the capacity of the hospital—a much needed addition, as the wards now in use are continually overcrowded during the winter.

In finish and arrangement they are much superior to the wards now occupied. The central or official building will not be com-

pleted before the autumn; the estimated cost of the two pavilions and central building will be about \$300,000.

The profession will be interested in knowing that the warden is devising an arrangement for tabulating the histories of patients; as formerly kept, the records furnish no scientific data.

E. P. DAVIS, M.D.

ALCOHOLIC PARALYSIS AND CEREBRAL SYPHILIS.

Alcoholic paralysis is more common among women than among men; it is symmetrical and localized to homologous muscular groups of both sides. The lower extremities are more affected than the upper. The extensor muscles are more attacked than the flexors. The paralytic troubles are accompanied by analgesia or symmetrical hyperalgesia, by convulsions, or the sensation of formication, or stitches in the ends of the limbs. There are also vaso-motor troubles, *i. e.*, redness or paleness of the skin, or œdema of the back of the hands or feet. The patients were also affected with other symptoms of chronic alcoholism, *i. e.*, gastric troubles, hallucinations, etc. The faradic current has but little effect on the paralyzed muscles. The patients die mostly from marasmus, coma, or a pulmonary trouble, and in the autopsy there is found an alteration in the nerves and muscles, while the medulla and spinal cord are healthy.

PROLONGED DIPHTHERIA.

A young physician performing tracheotomy was infected with diphtheria of the nasal cavities and the throat. For nine days all the symptoms of diphtheria were present, but after that time he furnished for nine months pseudo-membranes which had the exact form of the nasal cavities. In another case of a little boy 2 years old, where tracheotomy had been performed, the pseudo-membranes from the trachea were cast off for 154 days, and in another case the membranes appeared for 43 days per tracheam.

—*Jour. des Maladies des femmes.*

Society Reports.

ARTICLE VII.

REPORT OF PROCEEDINGS OF THE ILLINOIS STATE BOARD OF HEALTH. Quarterly meeting, Springfield, January 17-18, 1884.

The regular January quarterly—which is also the annual—meeting of the Illinois State Board of Health, was held in the rooms of the Board in the Capitol building, January 17 and 18, 1884.

Present at the Thursday (January 17) session: R. Ludlam, A. L. Clark, W. A. Haskell, A. W. H. Reen, and the Secretary, John H. Rauch.

On motion of Dr. Haskell, Dr. Ludlam was called to the chair in the absence of the President. Dr. Ludlam called the meeting to order, and presented Mr. Reen, of Peoria, the new appointee, vice Dr. McLean, whose term expired December 31, 1883.

The Secretary moved that the regular order be dispensed with, pending the arrival of the President, from whom a telegram had been received, announcing his delay at Vermont, Fulton county, on account of a disabled engine. The motion being carried, the Board went into executive session, during which, among other matters, the certificates of Drs. G. A. Allen and A. Jones were ordered revoked for unprofessional and dishonorable conduct, and the Secretary was instructed to notify several other parties to desist from practices deemed unprofessional and dishonorable by the Board, on pain of revocation of certificates. Upon charges filed with the Board, the Secretary was instructed to cite a number of others to appear at the next meeting, to show cause why

they should not be debarred practice in Illinois on the ground of unprofessional and dishonorable conduct.

At the conclusion of the executive session, the Board proceeded to the election of officers for the ensuing year, the result being the re-election of the following gentlemen as their own successors:

The Hon. Newton Bateman, LL.D., President; John H. Rauch, M.D., Secretary; A. L. Clark, M.D., Treasurer.

The Chair also appointed Mr. Reen to serve on the auditing committee with Dr. Haskell.

The Treasurer, Dr. Clark, submitted his annual report, showing that, at the date of the last report, there was a balance of \$220.91 in his hands; that \$684 additional had been received through the Secretary's office during the year, and that \$715.85 had been paid out on orders, leaving a balance of \$189.06 at the close of the fiscal year, September 30, 1883.

On motion of Dr. Haskell, the report was received, and placed on file.

The auditing committee reported that it had examined and audited accounts, amounting to \$2,306.57; had found the same to be correct, and recommended that they be paid.

The report of the committee was accepted, and at 10:45 P. M. the Board adjourned until Friday, January 18.

Friday, January 18, 10 o'clock A. M.—Present: Newton Bateman, W. A. Haskell, W. R. McKenzie, A. W. H. Reen, John H. Rauch. Under the regular order of business, the Secretary presented the following:

QUARTERLY REPORT OF THE SECRETARY.

During the quarter ended Dec. 31, 1883, there have been received in the Secretary's office 930 communications, letters, reports, etc., exclusive of ninety-three diplomas submitted for verification, and the papers accompanying the applications for certificates in 142 cases. There were sent out 1,183 letters, postals, circulars and other communications, and about 8,000 copies of the publications of the Board. Seventy-nine telegrams were received, and 68 sent.

The office correspondence for the year amounts to 4,036 letters and other communications received, and 5,157 sent, exclusive of

562 diplomas submitted for verification, and the papers accompanying the applications for certificates from 787 physicians and midwives.

During the same period, 2,712 copies of Annual Reports and Official Registers, 585 copies of the advance sheets of the section on Medical Education, and 73,287 copies of Preventable Disease Circulars, Quarterly Reports and other printed matter, making an aggregate of 76,584 copies of publications, have been distributed.

CERTIFICATES AND LICENSES.

Certificates entitling to practice medicine under the Medical Practice Act, were issued to 86 graduates upon diplomas from legally chartered medical institutions in good standing, and 9 to practitioners on length of practice in the State; making in all 553 practitioners of medicine admitted to practice in Illinois during the year 1883. During the same period, 163 applications have been refused, and 11 certificates have been revoked; thus directly reducing the number of practitioners by 174, through the enforcement of the provisions of the Medical Practice Act.

Among the causes for refusal to issue certificates were the following: Presenting diplomas of institutions not recognized by the Board as in good standing; unsatisfactory personal or professional antecedents, habits or associations, warranting the charge of unprofessional and dishonorable conduct; intent to practice in an unprofessional and dishonorable manner, as by claiming to cure incurable maladies; to possess unusual skill, experience or facilities; and similar claims involving deceit and fraud upon the public. The revocations of certificates were in all cases based upon charges of unprofessional and dishonorable conduct.

Seven certificates were issued to midwives upon the credentials of recognized schools of midwifery, and four upon examination by the Board. A total of 51 midwives have thus been admitted to practice during the year—25 upon credentials, 7 upon length of practice in the State, and 19 upon examination. In all 40 presented themselves for examination, of whom 21 were rejected.

SPECIAL MEETINGS.

The Board has held five special meetings during the quarter, namely, on Nov. 3 and 10, and on Dec. 1, 8 and 15. These meetings were of a purely executive nature, held for the purpose of taking action on sundry cases under the Medical Practice Act. At the meeting held on Saturday, Nov. 3, the certificate of Dr. Frank B. Smith, temporarily of Peoria, was revoked for unprofessional and dishonorable conduct.

Among the other business transacted, the cases of 11 practitioners, holding the certificates of the Board, and against whom various charges had been preferred, were satisfactorily adjusted, the offenders agreeing to refrain from the objectionable practices in the future. In a number of other cases, the parties have left the State, and the disposition of the charges against them should receive attention at the present meeting, as well also as the cases of some others cited to appear.

MEDICAL COLLEGES.

The distribution of the advance sheets of the section on Medical Education and the Regulation of the Practice of Medicine, has resulted in developing a wider interest in the subject than was anticipated. Requests for copies have been received from every part of the United States and Canada, from England, East India and Australia. The section has been carefully revised and corrected, and, in accordance with the authorization of the Board, it is now being reprinted for sale by Mr. W. T. Keener, medical book publisher, of Chicago. The supply at the disposal of the Board is entirely inadequate to meet the demand.

Many questions have arisen during the quarter, concerning the new schedule of requirements of the Board in the matter of medical education. Most of these have been of such a nature as to admit of direct reply, but a number of others have been deferred for the consideration of the Board.

SUITS AND OTHER PROCEEDINGS UNDER THE MEDICAL PRACTICE ACT.

Among the cases brought to the attention of the Board, through the Secretary's office, during the quarter, have been the following:

Robertson.—An "Indian doctor," F. O. Robertson, was arrested on the 26th of December, in Princeton, Bureau county, where he had appeared during the county fair in September, 1883, announcing his unusual skill and ability "to the accompaniment of evening concerts, rifle-shooting, stale jokes, etc., and claiming that his medicines are purely vegetable, free from morphine, quinine and all *other mineral* poisons." Five separate charges were made against him, and on the 28th of December, he pleaded guilty before the county court; fines were assessed against him on two charges, on payment of which, and costs, he was released under a promise to leave the locality.

Subsequent to his Princeton performances he turned up in Mascoutah, St. Clair county, where he managed to secure the aid of some of the German press in his behalf, and published his circulars and handbills in that language.

Bogart.—One T. D. Bogart, of Quaker Hill, Ind., was arrested in the early part of November, in Decatur, Macon county, as an advertising itinerant, making a specialty of the treatment of "chronic nasal catarrh and scrofulous sore eyes." He obtained a continuance of his case until December 7, and subsequently sent a petition to the Governor, purporting to be signed by many citizens of Hoopston under his treatment for "chronic nasal catarrh, catarrhal fever, and scrofula in their many forms." The petitioners pray that the Governor "will grant him a permit by which he can treat cases as above set forth." The petition was referred to the Secretary, who replied to the petitioners that the Governor had no legal right to grant such a permit, and explained that the reason why Bogart was debarred from practice in Illinois was because of his failure to comply with the law.

Bunce.—A man, calling himself "Dr." A. W. Bunce, and claiming the benefit of the ten-year exemption clause, is also under arrest in Decatur, his claim that he practised ten years prior to July 1, 1877, being contradicted. It is asserted that he was digging wells for a livelihood about that time. It is proposed to give him an opportunity to prove his ten years' practice, or to demonstrate his fitness to practice medicine by undergoing an examination.

Dunn.—The advertising itinerant, E. C. Dunn, of Rockford, is complained of from Paxton, Ford county; Arcola, Douglas county; and Danville, Vermilion county. Like the preceding case, Bunce of Decatur, he is operating under the exemption clause. The question suggests itself whether such practice as he is engaged in is that contemplated by the statute, as entitling one to exemption from the necessity of making a *prima facie* show of fitness for the cure of the sick.

Flowers.—The notorious character, "H. D. Flowers, of Fulton City, Whiteside county," continues his rounds. Within a short time of each other complaints were received from his victims as far south and east as Ford county, and north and west as Jo Davies's.

Chicago Quacks.—In Chicago suits have been brought, mainly during the month of December, against Drs. G. J. Williams (also a "lawyer"), Lucas R. Williams (alias Dr. Lucas"), A. W. Boye, Wm. Clarke (son of F. D. Clarke, "no pay until better"), John Bate (alias "A. G. Olin"), John Kean ("no-cure-no-pay"), and a "Dr. Shroder" (a woman).

THE PUBLIC HEALTH.

Scarlet fever has continued during the quarter in many localities, but without in any case assuming a serious epidemic form, while the death-rate from it remained unusually low. The German edition of the Board's circular on scarlet fever, alluded to in the last quarterly report as in preparation, has been published and distributed to many points. Diphtheria has also been reported from several places.

Small-pox has appeared at Stone Fort, Saline county; Farina, Fayette county; McLeansboro, Hamilton county; and Alton, Madison county. The disease was also reported, October 31, from Paris, Edgar county; but the case was subsequently ascertained to be chicken-pox. At Stone Fort the disease was introduced by a woman who had been attending the St. Louis fair, took sick a few days after her return, and died on the thirteenth day of an attack of unmodified, confluent small-pox. Of seven other members of her family, four contracted the disease, the remaining three escaping through successful vaccination after ex-

posure. A relative's family, living in the adjoining township in Pope county, also contracted the disease, and in turn infected the attending physician. Except this latter and one woman, none of those attacked had ever been successfully vaccinated prior to exposure. The physician and woman above referred to had both been vaccinated in childhood, and escaped with mild attacks of varioloid. Of the remaining cases, seven in number, all died of unmodified confluent or hæmorrhagic small-pox. The situation became so serious, and so much apprehension existed in the community and neighborhood about the middle of November, that the Secretary was compelled to visit the locality in person, which he did November 20-24. Reporters, Drs. W. R. Osborne and D. Bozart, Stone Fort, attending physicians.—The case near Farina was also due to contagion contracted in St. Louis, an unvaccinated young woman, who finally recovered after a severe attack of hæmorrhagic small-pox. Fortunately the other members of the family in which the case occurred were all protected by vaccination, and no other cases resulted. Reporter, A. R. Hancock, M.D., Farina, attending physician.—On the first of December, an unvaccinated public scholar at McLeansboro was found in the febrile stage of what proved to be an attack of small-pox, from which, however, she ultimately recovered. Source of contagion unknown. A large number of others were exposed, and, although vaccination was freely resorted to, six more cases followed, of which number two died. None of the seven had ever been vaccinated prior to exposure. Reporter, C. M. Lyon, M.D., McLeansboro, attending physician.—A fatal case of small-pox occurred in Alton, during the early part of December, contracted in St. Louis. Notwithstanding the case was not discovered until the eleventh day, and numbers of persons were exposed in the boarding-house where it occurred, only one other case resulted—one of his nurses, vaccinated in childhood, but not successfully revaccinated until after nearly two weeks' exposure. This patient died on the fifth day, the disease assuming the rare form of purpura variolosa. Reporter, W. A. Haskell, M.D., Alton, attending physician.

TRICHINA.

Three outbreaks of trichiniasis—one of them resulting in three

deaths—have occurred, the first during the early part of November, in a family near Gardner, Grundy county; the second and third during December, in Woodburn, Macoupin county, and in Bloomington, respectively. The Gardner and Bloomington cases resulted from eating uncooked pork and sausage, and the Woodburn cases from raw smoked sausage. Specimens of the meat from Gardner and Woodburn were sent to the Secretary for examination, the character of the disease being only suspected, until the microscope showed, in one case, about 2,000, and in the other about 8,000 trichinæ to the cubic inch.

Dr. A. T. Darrah reports the Bloomington outbreak quite fully, and Drs. Taxis and Reid, of Gardner and Woodburn, respectively, have promised detailed reports of their cases. The matter, however, possesses little sanitary importance, except that it is well to put on record every authentic instance of the occurrence of trichiniasis and to determine its cause. Since 1866 I have noted every such instance in this State, and of the deaths resulting, which now number sixteen; and without exception they have been caused by eating uncooked or imperfectly cooked pork in some form. I see no reason to modify the opinion expressed in 1881, in reply to an inquiry addressed to me by a committee of the Chicago Board of Trade and the State Department at Washington, to-wit: That, as a sanitarian, I regard the danger of human life from trichinæ as practically amounting to nothing, it being so easily prevented by thorough cooking.

The investigations which have been made during the past four years, both in this country and abroad, show American pork to be freer from trichinous infection than that of other countries. The hog in every country is subject to the parasite; even the wild swine in European forests have been found infected, and an outbreak of trichiniasis in 1881, at the village of Khiam, near the sources of the Jordan in Palestine, was caused by the flesh of a wild boar slain in the woods near the village. Prof. Virchow is recently reported to have condemned the outcry against American pork, as utterly illogical, unnecessary and unjustifiable by sanitary reasons, and adds that "no case of trichinæ in American hog meat has been proved to exist in Germany for ten

years." Neither in Switzerland nor England has it been found necessary to interfere with the importation of American hog products; and yet in these countries their reputation is higher than ever before. It is only where the custom of eating raw pork obtains that severe or extensive outbreaks of trichinias occur. Such an outbreak was that at Emersleben, in Saxony, last fall. MM. Brouardel and Grancher, who made an investigation, found that it was not due to American pork at all, but that the trichinous hog, which was the origin of the disease, was born and reared in a stable at Emersleben, the offspring of an English boar and a native sow. Killed on the 12th of September, 1883, a slice of the carcase was eaten raw on the 13th by two men, who were taken ill on the 16th, and died a month later. Meantime, the rest of the meat, mixed with other, was minced up and sold between the 13th and 19th of September. Except by five persons, who cooked it a little, this minced meat was eaten perfectly raw, and within a short time there were two hundred and fifty persons sick, of whom forty-two died; and one hundred and twenty-six more cases, with eleven deaths, occurred in neighboring villages among persons who ate sausage made by the same butcher. Trichinae were found in abundance by MM. Brouardel and Grancher in the bodies of two of the victims. This is the most extensive outbreak that I know of; but as previously remarked, the question is one of economic and commercial importance, and in only a very limited sense has it any sanitary interest. Proper cooking will render the most badly infected piece of trichinous meat absolutely innocuous. Exposure to a temperature of 150 to 160 degrees, F., is fatal to the trichina.

PRECAUTIONS AGAINST DANGER TO LIFE FROM FIRES.

The recent loss of life by fire at Belleville suggests the point whether the Board can profitably take any further action looking to securing adequate provision for escape from, and for the extinguishing of, fires in public buildings. On different occasions within the past few years the Board has called attention to this subject, the last time in the fall of 1881, with reference to the danger from fire at seaside resorts, and this was emphasized, soon after the Secretary's circular-letter was sent out, by the destruc-

tion of no less than six of these inflammable structures within a very short time. Fortunately, these fires occurred at a season of the year when there were only a few, in some cases no inmates, and nothing worse than the rapid destruction of the buildings and contents happened. These events, however, serve to direct attention to the subject, and there is reason to believe that this class of buildings is much improved in this respect. I think it would be well to prepare a suitable letter with necessary instructions, and address to all those having charge of public buildings in the State, with the view of publishing a report on the condition of such structures, with reference to the number of stories, sizes and arrangement of rooms, number and dimensions of staircases, doorways, windows and other exits, special provisions for escape, and for extinguishing fires, etc. Such a report would serve a useful purpose in disclosing to what extent municipal, State, or other interference may be necessary to correct such dangers as are found to exist.

CHICAGO SEWAGE.

In my last quarterly report, speaking of the solution of the various questions hinging upon the disposal of the sewage from the city of Chicago through the Illinois and Michigan canal, I observed that that it was "clearly the duty of the city of Chicago, immediately upon the close of navigation, to have the Bridgeport pumps put into operation, and their capacity and the capacity of the canal determined by actual experiment." I am glad to say that this experiment is now being carried on, and I am in receipt of a telegram from Superintendent Thomas, announcing that the "Bridgeport pumps are working finely, and are holding three feet of water in the canal above the level of the Chicago river."

Respectfully submitted,

JOHN H. RAUCH,

Secretary.

Dr. McKenzie moved that the report be accepted, and that the recommendations and actions of the Secretary be approved. The motion was adopted and the report was ordered to be printed in the account of the proceedings of the meeting.

The remainder of the session was devoted to executive business, and the discussion of charges against individuals and colleges, of which the Secretary submitted 42 various cases, not previously considered. Among other matters, then disposed of, it was ordered that diplomas issued by the College of Physicians and Surgeons of Joplin, Mo., and by the Kansas City Hospital Medical College for the current session, 1883-4, could not be received as the basis for certificates entitling to practice in Illinois.

Drs. Haskell and Rauch were appointed a committee to draft appropriate resolutions concerning the retiring member, Dr. McLean, and subsequently offered the following :

Resolved, That the members of the Illinois State Board of Health who have been associated with Dr. John McLean, of Pullman, during the past three years, part from him with unfeigned regret upon the termination of his period of service. His counsels have been characterized by prudence, good sense, and moderation, and prompted by an earnest desire for the best interests of the public welfare, and for the elevation of the standard of the medical profession. His sterling qualities must command success for him in any position to which he may be called; and the best wishes of his fellow-members of this Board go with him.

On motion of Dr. Bateman, who left the chair for that purpose the resolution was unanimously adopted; and the Secretary was instructed to forward a copy of the same to Dr. McLean.

The Secretary submitted the following :

STATEMENT OF EXPENDITURES OF THE ILLINOIS STATE BOARD
OF HEALTH FOR THE FISCAL YEAR ENDING
SEPTEMBER 30, 1883.

Salary of Secretary.....	\$2625 00
Clerical services.....	4276 00
Traveling expenses of Board and Secretary.....	1112 92
Postage.....	354 56
Expressage.....	160 75
Telegrams.....	89 35
Stationery and Printing.....	152 25
Medical Journals, Books and Newspapers.....	186 80
Vaccine Virus.....	35 00
Sundries.....	108 68
Total.....	\$9101 31

At four o'clock P. M., on motion of the Secretary, the Board adjourned the January meeting, *sine die*.

THE MICHIGAN STATE BOARD OF HEALTH.

The regular quarterly meeting of the Michigan State Board of Health was held in the office of the Board at Lansing, Michigan, January 8, 1884, the following members being present: Jno. Avery, M.D., of Greenville, President; J. H. Kellogg, M.D., of Battle Creek; Victor C. Vaughan, M.D., of Ann Arbor; C. V. Tyler, M.D., of Bay City; and Henry B. Baker, M.D., Secretary.

The recommendations to the Warden of the State House of Correction, by Dr. Jno. Avery, Committee on Buildings, Ventilation, etc., under date of September 7, 1883, for improving the ventilation of the shops at the State House of Correction, at Ionia, were ordered printed in the next Annual Report.

The Secretary read a resumé of recent work of other boards of health; also a summary of the work of the office of this Board during the last quarter, which showed that a successful sanitary convention had been held at Ionia; that partial arrangements had been made for holding one at Hillsdale; that the proceedings of the Muskegon, Pontiac, and Bay City Conventions had been printed; that special meetings of the Board had been called at the State Reform School to examine plans for a new building; at Detroit to attend the American Public Health Association; and at Ionia at the time of the Convention; that a leaflet on contagious diseases had been translated into French, Danish-Norwegian, and Swedish, for general distribution among citizens of Michigan, who speak those languages; that a very general distribution of circulars on communicable diseases and on the work of health officers had been made to the health officers of cities, villages and townships in Michigan; that similar documents were distributed at Ionia, and at the State Teachers' Association; that circulars, blanks, etc., had been sent to health officers and clerks of all cities, villages and townships in Michigan for their annual report, including that of the diseases dangerous to public health; that notice had been sent to health authorities in several parts of the State warning of the shipment of diseased cattle into such localities; that the regular distribution of weekly bulletins of sickness and of meteorology, the

yearly distribution of material for meteorological reports, and the quarterly distribution of blanks to observers of diseases had been made.

The Secretary presented reports from Dr. Hazlewood, who as committee of the Board attended the Sanitary Convention at London, Ontario, and the meeting of the Board of Corrections and Charities at East Saginaw. In connection with the first report, Dr. Hazlewood described the water supply of that city (London), and the Secretary, who also attended the Convention, described a visit to the Asylum of the Insane near London, Ontario.

By request of the State Board of Corrections and Charities, committees were appointed to examine and report on the sanitary condition of the jails, asylums, etc., in several counties in Michigan.

Drs. Avery and Kellogg were appointed a committee to investigate and report at next regular meeting on the sewerage, ventilation, etc., of the Capitol building.

A committee, consisting of Drs. Baker, Kellogg and Vaughan, were appointed to examine and report on the sanitary condition and needs of the State Reform School and surroundings.

Dr. Kellogg presented and read portions of a very interesting report on the present knowledge respecting diphtheria, which will be published in the next Annual Report.

Considerable discussion occurred over the examination of text books on physiology and hygiene with reference to alcohol and other narcotics. Only four books had been presented for examination. The committee reported relative to these books, and asked to be discharged; but the committee was continued, Prof. Vaughan added to it; it was directed to confer with a similar committee from the State Board of Education, and it is to report again at the next regular meeting of the Board, April 8. It is hoped that publishers of school-books will give early attention to this subject, and that more than one book can be approved at that time.

CHICAGO MEDICAL SOCIETY.

At the meeting of this society on the evening of January 7, 1884, Dr. J. G. Kiernan read a paper on "Perverted Sexual Instinct." Upon this topic the literature of the past was reviewed to a considerable extent by the writer, of which the following extracts have been taken, a part of the phraseology not being in very common use:

Casper was the first to call attention to the condition known as sexual perversion, but not until several works had been published by a Hanoverian lawyer, Ulrichs, himself a sufferer from the disease, did the matter become the subject of scientific study on the part of physicians. Westphal was the first to discuss it, and described two cases, one, a female, who, when a child, is said to have been fond of boy's games and of putting on male attire. From her eighth year she had felt drawn to certain girls and liked to express her love for them, kiss them, and induce them to let her touch their genitals. She came of a neurotic ancestry, and displayed somatic signs of degeneration; she had imperative conceptions, and displayed symptoms of insanity other than the perversion. His second case was a male, who felt attracted by males. Servais reported a case, that of a male, who in addition to sexual perversion was morally imbecile. Schminke and Scholz have reported cases in males. Westphal, in addition to the two cases above cited, has later reported an additional case, that of a male. Krafft Ebing, after citing four cases (all males), concludes, that the main symptoms of the condition are first congenital absence of normal sexual feeling, and at times repugnance to normal intercourse, although they appear sexually developed normally.

The sexual psychical phenomena are replaced by this perversion. Sexual desire appears early, and extends to the same sex, or at most, this feeling finds expression in mutual onanism, but as a rule, pæderasty is repugnant.

Tamassia and Legrand du Saulle have reported one case each—both males. Stork reports three cases; one displaying primary monomaniacal tendencies. Raggi has reported a case of what he calls sexual perversion in a male, who, from having enlarged breasts, created the delusion that he was a woman. Char-

eot and Mognan have reported one case. In this country, five contributions have been made to this subject; one by Dr. H—— (See anonymous contribution to *New York Medical Record*, April 18, 1881), who describes the case of a male; one by Spitzka, who deals with a historical case; one by Blumer, who describes in a very thorough manner the case of a male, in whom the perversion had very Platonic manifestations (a kind of love of which Plato was a great expounder). Shaw and Ferris reported one case, which, however, was not well observed; and one case by Wise, who describes the Lesbian loves (from Lesbos, an old Greek city) of two victims of this perversion.

The author has seen three cases, two of which were impure; the other, a female, aged 22, whom he describes as being of neurotic ancestry on the paternal side, her cranium and face being asymmetrical. The patient has always had a fondness for dressing in male attire, and she feels at times sexually attracted by some of her female friends, with whom she has indulged in mutual masturbation. These feelings come at regular periods, and are then powerfully excited by the sight of the female genitals. In the interval she manifests repugnance to attentions from men. She is aware of the fact that while her lascivious dreams and thoughts are excited by females, those of her female friends are excited by males. She regards her feeling as morbid. At times she is troubled by imperative conceptions, such as that if she turn her head around she will break her neck; in consequence, she carries her head in a very constrained position.

Regarding the cause.—Excluding the impure cases of Ulrich's, Dr. Kiernan stated that thus far there have been twenty-seven cases reported, *four females, the rest males*, which would seem to show that sex predisposed to the affection, but it should be remembered that a history of female sexual desire is not easily obtained, that in nearly every case a neurotic ancestral history was obtained, and that the condition then appeared to be congenital.

Treatment.—To remove this perversion is out of the question. Dr. Wise has recommended that all such cases be sent to an asylum. Krafft Ebing proposed that these patients be exempt from legal penalties and allowed to follow their inclinations when harmless

and when not violating public modesty. The case recited by the author he treated as if it were one of nymphomania, and by antaphrodisiac measures. He sought to strengthen the patient's will at the same time by instituting a course of intellectual training. The patient has been aided by these means so far as to be liable to control her perverse inclinations.

Dr. E. Andrews discussed the paper by saying cases of this kind occurring to people living in cities situated in the southern half of Europe are not regarded as cases of insanity, and in Italy many boys open a vicious trade to travelers, which, no doubt, is due to vicious associations there. Among the Latins and Greeks, and people living along the Mediterranean Sea, vicious habits of all sorts were practised 2,000 years ago, according to some works on ancient literature. In a certain saloon parlor in Paris there is exhibited a fine painting of a nude figure to represent a hermaphrodite, for certain kinds of lascivious purposes, and both sexes view it. Prostitutes frequently are known to be affected with chancroids on the verge of the anus, and the men frequenting the place often contract specific disease in the mouth.

Dr. R. E. Starkweather inquired of the essayist if he considered the cases that the newspapers had published so much recently about, occurring in Wisconsin, a *mutual* or mental disease? Both the persons are said to be females, and the latest report says that one is pregnant.

Dr. Kiernan thinks there is scarcely a civilized nation in which the vice is not practised; and this vice aspect is common in Asia, also in Naples.

Among the Pueblo Indians, one of their number is delegated as a pæderast. He, however, thinks these cases should be divided into two classes, one of which are vicious, the other perverted. Regarding the last speaker's interrogatory, he thinks we can reject the pregnancy part of the question; and then, too, in the case he alludes to we are not assured that both are women, for the scrotum of a man may be adjusted so as to elude detection; and other things being equal, a male person may dress in female clothing, and readily pass as such.

The discussion on this topic was then supplemented by a well prepared paper by Dr. Charles E. Webster, On Pott's Disease,

and who exhibited a mechanical appliance of his own invention, that he had manufactured for the relief and cure of dorsal caries. The apparatus was examined by the gentlemen present, and many of them endorsed it as being superior to the jury-mast and head-lift, it being far less cumbersome than the former, which is apparently always in the way. The paper is an original contribution, and differs somewhat from the literature upon this subject. A description of the apparatus and mode of application we cannot well illustrate without the aid of a cut of the same, and we are, therefore, obliged to omit giving the minutiae of the invention, but take pleasure in giving some of the points of interest regarding the causes, pathology, and the mechanical problem in the treatment of chronic non-suppurative spondylitis. We will add, then, that the general health of the patient has been much impaired, whether it arises from a peculiar diathesis, or the result of the disease, although this may not be as pertinent to the present inquiry as the local causes which arise from irritation of various kinds. Thus, the motion of the heads of the ribs, the lateral, and back and forth motion between the vertebræ, and the pressure of the superincumbent parts, may add greatly to the crumbling of the spinal column; and this process, which lowers the head and shoulders, pressing the sternum forward and the spinous processes backward, continues until the capacity of the thorax is diminished, and curvature finally results. This condition progresses until the ribs reach the crest of the ilium, and the patient grows anæmic and emaciated, and ultimately the sad spectacle is that of deformity from the pathological process that has been going on until a patient will be presented to the orthœpœdist for treatment, for whom one of the first measures of importance consists in permitting him exercise in the open, invigorating air.

The indirect advantage of having the patient occupied by this pleasant pursuit is equally counterbalanced in a direct advantage to his general health, and if malnutrition or any other abnormal condition of the system improve, there is hope that the caries may be arrested. Good diet is also an adjuvant and *sine qua non* to the outdoor life. The capacity of the thorax, naturally diminished by the disease, is generally still more reduced by surgical (unwise surgical appliances) as we ordinarily see them

adjusted. The motion of the heads of the ribs in inspiration undoubtedly acts as an irritant. This can be readily prevented by constricting the chest, but for the reason just stated is inadmissible; on the contrary, it may even be necessary to encourage such motion at the expense of temporarily increased inflammation, for the sake of additional lung room. The prime factor in perpetuating the caries is downward pressure. This is constant while the body is in the vertical position, and it is therefore necessary to support the weight of the parts above the point of disease, to counterindicate the tendency of grinding out the bodies of his vertebrae, to overcome the crumbling spinal column and resist the toppling over in the direction of the least resistance.

The weight to be supported consists of the head, arms, and that portion of the trunk superior to the part of the spine which is diseased. The only part of the body affording a base of support for apparatus to sustain this weight is the pelvis, *i. e.*, in individuals whose hips are sufficiently flaring to give a proper base, and in this proposition lies the substance, as we are able to deduce it, in the treatment of advanced cases of Pott's disease, as promulgated in the paper. The apparatus constructed by the surgeon he has amply demonstrated by several years' trial, and its usefulness is superior to any of the braces heretofore spoken of. The cost is estimated to be from \$25 to \$50.

Upon motion, the society adjourned.

L. H. M.

CHICAGO MEDICAL SOCIETY.

The regular semi-monthly session of this Society, January 21st, 1884, was held in the parlors of the "Pacific," and was of unusual interest.

Dr. Charles G. Davis read an exhaustive paper on our indigenous remedy, "*Gelsemium Sempervirens*." His preliminary remarks and the principal points in the paper were as follows:

The present advanced state of medical science is due in a great measure, if not entirely, to the recorded experience and observation of thinking men. If this be true, would it not be well if all physicians, engaged in the active practice of their profession,

made a special endeavor to observe more closely, and record more accurately, the various symptoms manifested by the action of medicine on the human system. A neglect of this on the part of many physicians has given rise to what we may properly term the "school of skepticism." They disbelieve entirely in the efficacy of medicine to relieve disease, and often, while manifesting a sublime indifference to the appeals of the poor sufferer before them to be relieved, they go into ecstasies over the pathology of the case, and are plethoric with theories in regard to the ultimate nerve cells or molecules wherein the disturbing action arises.

Be it understood, I cast no reflection upon scientific investigation in these directions. But the true office of the physician is to prevent, cure, or alleviate disease, and in proportion as he fails in this, he fails to fulfil his mission.

To-night I lay before you my recorded experience in regard to the action of a remedy which for a number of years has been under my observation.

Gelsemium Sempervirens commonly known as the wild, yellow, or Carolina jasmine, was first described in 1640, by John Parkinson, who grew it in his garden. (See the U. S. and other dispensaries for its properties, further description, etc., etc.)

The writer is thoroughly convinced there is no article of equal merit in the *materia medica* which has received so little notice, and concerning which so little is known; and the objects of the paper, as set forth, were to give a synopsis of the different theories concerning its mode of action with his own testimony added, especially in regard to its therapeutical application. This which is here synopsized from the paper based upon the personal experience of the author. The following anecdotemay not be devoid of interest. The manner in which, according to the chronicler of the story, the remedy was discovered, may have been, however, an accident.

A Southern gentleman, who was sick with a fever, sent his colored servant into the garden to obtain the roots of a plant which he indicated, in order that he might prepare a decoction for himself, and alleviate his disease. The servant made a mistake, and obtained instead the roots of the yellow jasmine. The

tea was drunk, however, and the patient, breaking out into a profuse perspiration and recovering soon from the fever, made inquiry as to what he had taken, and was so delighted with the result that he immediately recommended it to others who were similarly afflicted.

However this may be, gelseminum owes its medicinal action to presence of an alkaloid, its active principle, viz.:—gelsemina or gelsemia; and to Prof. T. G. Wormly undoubtedly belongs the credit of having first isolated the alkaloid, who also demonstrated the presence of a new organic acid, which he designated gelseminic acid. By his method, sixteen ounces of the fluid extract of gelseminum yielded about two grains and a quarter of the of pure gelseminic acid, which is colorless, odorless, mostly tasteless, crystallizes in groups or tufts of delicate needles, has strongly acid properties, neutralizing bases, and uniting with them to form salts which are generally sparingly soluble in water.

Gelsemia may be extracted from the concentrated extract from which gelseminic acid has been extracted, by a process for a minute description of which see the various dispensaries, *matæriæ medicæ*, works on chemistry, etc., etc. In general, the author stated, the amount of the alkaloid found in any given quantity of the fluid extract (the only officinal preparation used) approximately existed to the extent of one grain to two and a half fluid ounces of the fluid extract.

Physiological actions.—Gelsemia is so intensely bitter that its presence to the extent of one-thousandth part by weight in solution can be readily detected, and when taken into the system it is rapidly diffused into the blood.

In regard to its action on the human system, and also the lower animals, the following has been deduced from the author's voluminous paper: When administered in small quantities, sufficient to produce a sensible effect, it has a mild, soothing tendency over the nervous system, manifested by mental quietude; a tendency to drooping of the eyelids; slight muscular relaxation; slowing of the pulse and slight dilatation of the pupil, though Prof. Ringer says this dilatation is preceded by contraction of the pupil. When the dose is much increased, the symptoms are all intensified, and we see manifested double vision; giddiness; pain

in the forehead; increased paralysis of the levator palpebræ muscles, causing drooping of the eyelids; labored respiration, from partial paralysis of the respiratory muscles; muscular weakness; and general sensibility is much reduced. If the dose is still further increased, the symptoms are still more intensified; the action of the heart becomes weak and intermittent; vision becomes entirely lost; pupils widely dilated, not responding to the action of light; consciousness may be retained until near the period of death, when it is lost from the carbonic acid poisoning resulting from incomplete respiration.

The action of the heart continues for some moments after respiration has ceased. From these symptoms it is evident that the prime action of gelsemia is upon the nervous system, and its action is such as to warrant us in classifying it as a cerebro-spinal depressant, acting principally upon the motor centers, although some doubt has been expressed that its primary action is upon the peripheral extremities of the motor nerves. Ringer at one time entertained this view of its action primarily upon the extremities of the motor sensitive nerves. In cold-blooded animals its first effect is on the sensory center, while in warm-blooded animals the motor centers are first impressed. The reader of the paper considered this fact to be of great importance, viz.: that the remedy lowers the temperature, which he had verified in many febrile and inflammatory diseases. The theory of its being an efficient antidote to poisoning by strychnia was, according to the views expressed by the writer, disproven, as he illustrated by experiments on dogs, and the contrary effect, he was satisfied to announce, was the result—that it facilitated or increased the action of strychnia. Two dogs were selected, weighing ten pounds each, to both was administered at the same time one-fifth of a grain of sulphate of strychnia hypodermically. Five minutes elapsed, and one-eighth of a grain of the alkaloid gelsemia in the form of a sulphate was given to one of the dogs. In ten minutes convulsions appeared in the animal, while the effects were not noticed in the dog that received only the strychnia until the end of thirteen minutes. In thirty minutes the animal that had received both poisons was dead, while the other lived forty minutes, and then too it was noticeable in the experiment

that in the animal receiving both the strychnia and gelsemia, the convulsions which appeared earlier were far more violent and continuous. This experiment was repeated a number of times with almost unvarying results. As antagonistic to and incompatible with the effects of gelsemium, we may rely upon alcoholic and diffusible stimulants, and, as an illustration, a case was cited that the author treated three years ago. J. B., æt. 45, had been afflicted with muscular rheumatism for a number of years, was given five drops of the f. e. gelseminum three times a day, with instructions to increase the dose one drop every day. In time a dose of twenty drops was taken every day, and not seeing any of the usual effects of such a dose I requested him to change his druggist. (It is well known that there is occasionally a druggist who is not infallible; and the drugs he offers for sale to a willing public, for which he often feels desirous also to prescribe are often to be placed in the same category). In two hours after acting upon this advice the patient was brought back to my office by a worthy officer who found the gentleman staggering on the street, and supposed him intoxicated, as he showed to a very marked degree the effects of the remedy. A tablespoonful of brandy was immediately administered. In fifteen minutes he was much improved. The same amount of the stimulant was repeated twice during an hour, at the expiration of which time the symptoms had entirely disappeared. This case serves to illustrate the antidotal action of alcoholic stimulants to the poisonous action of gelseminum; also, what is true of many other of the fluid extracts—their great variation in medicinal action.

Therapy.—In its native southern region it has for many years had an extensive reputation as a remedy of great value in the treatment of autumnal malarial fevers. While its efficacy in this direction may have been overestimated, yet its beneficial effects in malarial fevers are such as to merit our careful consideration. After an observation of a number of years, and administering the remedy probably to many hundreds of cases, I have arrived at the following conclusions:

First. Gelsemium is not a direct antidote, either chemically or physiologically, to malaria.

Second. It does have a wonderful effect over the disease, owing to the relaxing influence it brings to bear upon the system, thereby increasing excretion and assisting to eliminate morbid matters.

Third. It may be regarded as the great adjuvant of the salts of cinchona, and in this direction, so far as malaria is concerned, lies its chief merit.

The following typical case, of which the principal points only are here given, illustrates this action.

A sign painter of bilious temperament, sallow complexion and melancholy expression of countenance, had ague at intervals for three years, of which the smallest amount of quinine, or any other of the salts of cinchona produced unusually severe cerebral symptoms. Was called to see him while he was seized with a terrible chill, simulating the congestive form. He refused the treatment that was suggested, and in forty-eight hours he was again prostrated with another more severe attack. When called to see him again he was partially unconscious in a congestive chill. After three hours' hard work, with diligent use of stimulants, external heat, etc., reaction began. During the febrile stage, the f. e. of the gelsemium was given, freely reducing the temperature, and producing symptoms denoting its other effects. After eighteen hours had elapsed ten grains of quinine were given every two hours till 120 grains had been given. Not a symptom of tinnitus aurium was manifested, nor any other unpleasant symptom was noticeable. There has been no return of the disease from that day to this so far as is known. This is only one of a number of cases where the remedy was given to prepare the system for the action of quinine.

In Convulsive Diseases, particularly those where the spasm is dependent upon reflex irritation, this remedy satisfactorily fulfils the indications, especially in the various diseases of childhood where convulsions are manifested. The following illustration may not be devoid of interest.

Willie S—, aged 8 months, at supper partook of milk and mashed potatoes. The child was soon seized with convulsions, because the stomach failed to digest its contents. In three hours time there had been twenty convulsions according to the state-

ments of the attendants. Upon arriving, two drops of the f. e. were immediately given to the child, and in ten minutes two drops more.

Then ten drops were prepared in four ounces of water, and a teaspoonful of this was given every hour for twelve hours longer. No more convulsions appeared, and the next day the child was convalescent. No other remedy has such a satisfactory effect on the nervous system of a child during the period of dentition, while the entire system is disturbed from irritation of the distal extremities of the fifth pair of nerves.

As a remedy for *meningeal inflammation* of the brain and spinal cord, its efficacy in this class of cases the reader illustrated by citing a case selected from a number of similar ones that had from time to time been under his observation, and the large amount of the remedy that may be borne when the nerve centers are excited. When called to the bedside, the case (that of a young man) had already progressed four days, his temperature was high, pulse rapid and small, tongue dry, mind wandering, and there was severe spinal tenderness; the slightest disturbance in the room, or jar of the bed resulted in severe convulsions, which amounted to opisthotonos, occurring once or twice every hour. Bromides in large doses had already been given. The f. e. of gelsemium in five drop doses was then administered every hour for three hours, at which time another convulsion came on. Ten drops of the remedy were then ordered every hour. In three hours there appeared slight symptoms of another convulsion. The dose was increased to twelve drops, and gradually to fifteen drops, given as often, before there was entire relaxation and disappearance of all convulsive action. This dose was maintained for several hours before any toxic symptoms began to be manifest. The patient was then continued under the influence of small doses for a week longer, and later he recovered. Gelsemium has been lauded as a remedy for tetanus, but the author is convinced that it is of but little use in this condition. It has no effect within itself over epilepsy, but added to bromides, a desired result may be obtained more immediately and permanently in controlling cases of epilepsy confined to children.

The writer doubts its efficacy in cases of *tic-doloreux* or neuralgia, and thought it quite possible that the successful cases treated by the remedy by others were not *tic*, but neuralgia, resulting from cold or some other excentric causes producing congestion. Given in pneumonitis and pleuritis, it is beneficial, and will lessen or retard the inflammatory conditions by lowering the temperature, lessening the pulse rate, and it has a soothing effect over the respiratory functions. It has a marked effect over the mucous surfaces, in gastro-intestinal catarrh, dysentery, and inflammatory conditions of the urinary organs. In rattlesnake bites, no other remedy yielded such results, while the author was living in Kansas, some 12 years ago, where he treated a number of these cases. The local inflammation and pain rapidly subsided, and convulsions ceased after giving a few doses.

Favorable reports from several physicians to whom the remedy was suggested verify this. The remedy is given internally and applied locally, and in these cases its action, doubtless, is entirely physiological and not chemical.

In diseases of women, of which a variety were enumerated, he referred the application of the remedy to pelvic disorders and their attendant nervous disturbances, and it applies with equal force to both the acute and chronic states, for it possesses a relaxing effect over the uterus and its appendages.

In the first stage of labor, where there may be present a rigid and unyielding os, a similar administration will produce many times a most happy effect. In many forms of dysmenorrhœa its beneficial effects are equally noticeable. The author pictured many typical cases classified under the head of "nervous diseases;" "long continued congestions of the pelvic viscera;" "various phases of hyperæmia and anæmia of the spinal cord;" "hysteria;" "spinal irritation;" "neurasthenia," etc., etc., that were treated by all known therapeutical measures, including "local treatment," and while he did not claim it to be a never-failing remedy—a panacea—for all these conditions, he held that a large number of female diseases could be relieved by this remedy. In using it for a number of years, continued the writer, he was prepared to positively assert that gelseminum is a stimu-

lant or tonic to the cerebro-spinal system when long continued in small quantities.

Three chronic cases were cited of local troubles (ulceration) with serious nervous disturbance, in which all were relieved, in fact, recovered, by taking minute doses of the remedy. The first was where the patient had been treated for endocervicitis, retroflexion, retroversion, ovaritis, peri-uterine trouble, etc., etc.; menstruation had ceased. She was 35 years of age; all the functions were gradually restored, and in eighteen months she gave birth to a perfectly healthy child, since which time her health has been perfect.

Case Second was a remarkable one, a patient aged 45, with a decidedly neurotic history. There was hemi-anæsthesia, but this was not due to any cerebral lesion; there was ovarian tenderness; bowels constipated; frequent micturition; bearing-down pains; uterus enlarged and retroverted. She suffered severely with dysmenorrhœa, and sometimes the menses did not appear at all. She was approaching the "turn of life;" she had been married 20 years, but had never been pregnant. Her improvement was gradual and continuous by taking small doses of gelseminum, and in six months she appeared entirely well, menstruation being regular and normal. In three months longer she called again, for she was afflicted with nausea, and felt, as she expressed it, "so very strangely." Could she have conceived? Yes, possibly; and in due time "the wife and son were doing well," was the message sent me. Thus the pathological condition was removed, menstruation had returned, and pregnancy occurred at the age of 45 years.

The last case, that of a lady, aged 46, who consulted the writer some four years ago. Her case presented a number of interesting features. For eight years she had been in a "decline," and she became reduced in weight to seventy-five and one-half pounds. During the past five years she had been treated for typhoid fever, which once had attacked her and continued for five weeks. She has been treated also for sciatica, bronchitis, ulceration of the intestinal canal, disease of the pylorus, cirrhosis of the liver, diseased kidneys, hyperæmia of the brain, and the various flexions, versions, and inflammation of the uterus. My

diagnosis was given her, facetiously perhaps, by saying that "she was sick." There was a general failure of nutrition, restlessness; frequent attacks of neuralgia; depression of spirits; spinal tenderness; enfeebled digestion, and back-ache. Her menstruation had been very scanty and irregular for two or three years, and had not appeared for seven months. The gelseminum was given to her in minute doses. She began to improve almost immediately. At the end of the third month menstruation reappeared, much to our surprise, (her's as well as my own). In four months she gained 20 pounds, and in a few weeks longer her weight was increased 35 pounds, as was also her strength and general health, and menstruation still continues at this date, she having attained the age of almost 50 years.

As a remedy for nocturnal emissions, it was simply referred to in the paper; and given alone, not much benefit need be expected in this direction.

The writer stated the following in conclusion: If this remedy has any influence over the pelvic viscera which is directly due to an impression on the spinal cord, or upon the sympathetic ganglia, is doubtless a matter of some question, but it is highly probable that it has a tonic effect on the sympathetic ganglia, as well as the cerebro-spinal centers. He urged that the action of gelseminum over the disorders peculiar to women was a subject of great importance, and well worthy the attention of the profession. For a very large number of the pelvic disorders of women arise from a disturbed nervous system, which in turn produces morbid ovulation. It is in this way that I account for the action of gelseminum over these disorders. Its action is directly on the nerve-centers—spinal and sympathetic—equalizing the circulation and giving tone to cell power, and by these means permitting free ovulation, and relieving the congested and inflamed condition of the other pelvic viscera. If it does have this action, then Dr. Davis propounded the question, may it not also be considered a remedy for sterility?

The merits of the paper were discussed by Drs. G. C. Paoli, A. H. Foster, L. H. Montgomery, Robert Tilley and C. G. Davis, closing. These gentlemen's experiences and views ac-

corded in many respects essentially with those reviewed by the essayist, although none of them had used it in so large a variety of cases. After which Dr. R. Tilley read a paper prepared by Dr. E. F. Ingals, giving a report of A Case of Nasal Catarrh Caused by a Large Cystic Tumor, with Removal and Recovery.

Mr. V. had suffered from catarrh more or less for the past ten years, and been especially troubled during the past six months. There was difficulty in breathing, and obstruction of the left nasal passage, being able to inhale with considerable exertion, and unable to exhale at all through that side. His hearing was also impaired. His general health, however, was excellent. Upon investigating the naso-pharynx by means of the rhinoscope, a smooth, grayish-white tumor was noticed, completely occluding the posterior orifice of the left nares, and filling two-thirds of the naso-pharyngeal cavity, which evidently sprang from the lateral wall of the pharynx in the region of the fossa of Rosen Mueller. An attempt was made to remove the growth with a modification of Jarvis' écraseur, armed with a fine steel piano wire (No. 5). After several trials, I found myself unable to pass the loop over the growth, on account of its great flexibility. A larger wire was then substituted, and aided by the rhinoscope, the growth was secured and finally detached. It fell into the mouth, and was ejected by the patient. It measured $1\frac{3}{8} \times 1\frac{1}{8}$ inches in the largest diameters, and $\frac{3}{4}$ of an inch in thickness. A microscopic examination of the tumor was made by Dr. E. P. Davis, who pronounced it to be a mucous cyst. No after-treatment was deemed necessary.

Careful examination of cases of so-called catarrh should be made, as many are due to nasal polypi, hypertrophied turbinated tissue, adenoid vegetation in the naso-pharynx, or tumors. A wax cast of the pathological specimen was exhibited, and remarks passed upon the growth of this variety of tumors, and what may be other fruitful causes of obstinate and obscure cases of catarrh.

The society, at a late hour, then adjourned.

L. H. M.

Editorial.

ARTICLE VIII.

THE NEXT MEETING OF THE BRITISH MEDICAL ASSOCIATION.

The fifty-second annual meeting of the British Medical Association will be held on July 29, 30 and 31, 1884, at Belfast, under the presidency of James Cuming, M.A., M.D., F.R.Q.C.P.I., Professor of Medicine, Queen's College, Belfast.

The address in Medicine will be delivered by Sir Andrew Clark, Bart., M.D., F.R.C.P., Physician and Lecturer on Clinical Medicine, London Hospital.

The address in Obstetric Medicine will be delivered by Geo. H. Kidd, M.D., F.R.C.S.I., Master of the Coombe Lying-in Hospital, Dublin.

The address in Physiology will be delivered by Peter Redfern, M.D., F.R.C.S.E., Professor of Anatomy and Physiology, Queen's College, Belfast.

Visitors from America to attend this meeting can travel by any of the following routes :

1. A "Cunard" steamer will leave (a) New York on Wednesday, July 16, arriving in Queenstown about the following Thursday week, July 24. (b) Boston on Saturday, July 19, reaching Queenstown the following Monday week, July 28.

2. A "White Star" steamer will leave New York on Saturday, July 12, and on Saturday, July 19; due at Queenstown about July 20, and July 27.

3. An "Inman" steamer will leave New York on Tuesday, July 15; due at Queenstown about July 23.

4. An "Allan" steamer will leave Quebec on Saturday, July 19, arriving in Londonderry about the 26th or 28th of July.

5. An "Anchor" steamer will leave New York on Saturday, July 19; due at Londonderry on July 29.

Londonderry is 95 miles from Belfast, and trains run daily between the two places.

The route from Queenstown to Belfast is from Queenstown to Cork, Cork to Dublin, (165 miles by train), and Dublin to Belfast, (113 miles).

MEETING OF THE INTERNATIONAL MEDICAL CONGRESS, WHICH IS
TO BEGIN AT COPENHAGEN.

The time of the meeting of the British Medical Association at Belfast, has been fixed so as not to interfere with the International Medical Congress, which is to begin at Copenhagen on the 10th of August.

A steamer will leave Hull, England, on Aug. 2 and 9 for Copenhagen, and on August 5 a steamer will leave Leith, Scotland, for Copenhagen. Both these places, Hull and Leith, can be reached on any day by leaving Belfast on the previous evening by the cross-channel steamers. Visitors after attending the meeting of the British Medical Association in Belfast, will have ample time to travel to Copenhagen for the Congress.

Communications in reference to the meeting of the British Medical Association at Belfast, to be addressed to the Hon. Local Secretaries John Moore, M.D.; Alex. Dempsey, M.D.; John W. Byers, M.A., M.D.

FOUR MILLION PIGS WITH BAD GRAMMAR AND WORSE LOGIC,
BUT NO DISEASE.

Under the heading of "American Retaliation," the *British Medical Journal*, of February 9, 1884, prints the following paragraph:

"Although it has been proved, beyond the possibility of doubt, that ordinary cooking is a certain protection against the ill effects of trichinous pork; and that with a few quite insignifi-

cant exceptions, those people only have suffered who, like the Germans and Swedes, are in the habit of consuming bacon and ham in the raw state; and moreover, that, while the disease is very general among the Russian and German animals, no single case has been shown to have been caused by the use of American meat, several of the continental states, as France, Germany, Italy, and Austria, have been induced, by the agitation set up by interested traders, on the pretext of regard for the public health, to prohibit importation from the United States. Our transatlantic cousins have hit on a means of revenging themselves; and have introduced into Congress a bill to stop the importation of wines, liqueurs, etc., from all countries imposing restrictions on their trade in hams, etc., so long as these restrictions remain in force. At the same time the authorities at Chicago have determined on establishing a body of inspectors; but it is very doubtful whether much real security can be thus given, since not fewer than four million pigs are slaughtered there annually, at the rate of 1,400 per hour."

These words read to us as though they had been penned in Dublin rather than in London. If "no single case (of trichinosis) has been shown to have been caused (sic) by the use of American meat:" and if the disease is "very general among the Russian and German animals," why should the efforts made by the Chicago authorities to protect those who refuse to protect themselves by cooking the flesh of the swine before it is eaten be regarded as doubtful of effect?

Retaliation, moreover, is not revenge. The purpose of those American legislators who favor the passage of laws unfavorable to the importation into this country of wines and liqueurs, is not to punish, but to persuade; not to revenge nor to retaliate, but to teach the lessons of reciprocity.

REGULATING THE PRACTICE OF MEDICINE IN COLORADO.

The law which results in the survival of the fittest may yet be generally recognized as preëminently efficient for the regulation of medical practice. In a civilized community the victim of the charlatan dies, and the guilty man is merely handed over to the

almost impotent arm of a secular law, which is hampered greatly by the orthopædic devices strapped to it by the ingenuity of "Sanitarians."

"They do these things better in" Colorado, according to the subjoined item which we find in one of the daily journals :

FREEPORT, ILL., Feb. 18.—News has been received here of the hanging, by a mob, near Denver, Col., of Eli Madlong, a former resident of Freeport. It seems that Madlong pretended to be a physician, although he had no medical education whatever, and was nothing but a quack. To one of his patients he gave a dose that killed him. The victim's friends organized a vigilance committee and hanged the man to prevent any further deaths at the pretended doctor's hands. Madlong was known here as a hard character. His father, a tailor by trade, still lives here, and is a nice old man.

THE French Academy and the French journals having discussed in a more or less excited manner the question of cold applications in typhoid fever for over a year, they are now in a heated debate over the stimulant action of beer and its use in hospitals. The director of public assistance in Paris has begun the attack with an order restraining the surgeon of hospitals from prescribing beer as a common tonic. The surgeons have declared war against this order and they have so far their own way.

ON account of the departure of the senior editor, Dr. Pilcher, for Europe, in January, and the expected departure of his colleague, Dr. Fowler, for a similar trip abroad, later in the season, the publication of the *Annals of Anatomy and Surgery* is necessarily suspended during their absence.

If circumstances shall seem to warrant the resumption of the journal with the beginning of another year, due notice will be given.

THE friends and admirers of Mr. Jonathan Hutchinson, F.R.S., of the London Hospital, have subscribed a fund for the foundation of a Hutchinson prize essay for clinical surgery, to be awarded every three years to members of the hospital of not more than ten years' standing from entrance.

Domestic Correspondence.

ARTICLE XIX.

MIFFLINTOWN, PA., JAN. 17, 1884.

MESSRS. EDITORS :—I was called, the night before last, to see a man and his wife who had been poisoned by eating Chicago canned corn beef. The circumstances were these :

The man is a laborer on the railroad. He returned from his work at 7 o'clock P. M. Shortly afterward they ate their supper, of potatoes, bread, and canned corn beef. At about 10 o'clock P. M., the wife was taken with sick stomach, vomiting, pain in stomach, dryness of throat, thirst, shortness of breath, weak and rapid pulse, and finally purging.

Between 11 and 12 o'clock, the man was taken with the same symptoms. I was sent for. Between 1 and 2 o'clock A. M. the violent symptoms subsided, and they made a speedy recovery.

The man stated that when he opened the can, he noticed steam or vapor escape from it. He said the meat tasted all right. I am unable to say whether the poisoning was from the beef, or from tin or lead. The symptoms were certainly those of tin or lead, but it is possible that imperfectly canned beef might undergo such change as to produce similar effects.

A few years ago, some persons here were poisoned in the same manner.

THOMAS A. ELDER.

THE NORTHWESTERN MEDICAL COLLEGE.

EDITORS CHICAGO MEDICAL JOURNAL AND EXAMINER :

[Special Dispatch to the St. Joseph Daily Herald.]

JEFFERSON CITY, Mo., January 8.—The State Board of Health of Missouri, in session here to-day, fully exonerates the Northwestern Medical

College, of St. Joseph, from all charges against it, and recognizes it as standing on a level with the best schools of the State. There was a full meeting of the Board, assisted by Drs. Rauch and Taliaferro, of the Illinois Board.

Owing to the widespread publication in the secular press and the medical journals, last September, of a report that the Missouri State Board of Health had refused to recognize the diplomas of the Northwestern Medical College, thereby doing said college a grave injury and an unwarranted injustice, I transmit to you the above dispatch noting the action of the Board at its annual meeting, which, together with this note, I hope you will do me the favor to publish in your next number. It is sufficient to state further, that the information against said school, and upon which the September publications were predicated, proved, upon investigation, to be the work of an actively interested enemy of the school near at home, and one upon whose veracity any one knowing him would place no reliance.

Respectfully,

J. P. CHESNEY, M.D.,

Secretary of the Faculty.

St. Joseph, Mo., Jan. 15, 1884.

ELGIN, January, 18, 1884.

TO THE CHICAGO MEDICAL JOURNAL AND EXAMINER:

Vaccination as an immunity against small-pox I have great faith in. I also, from my own experience and observation, believe that once thoroughly done, a typical pustule is sufficient. Of course a small percentage will have varioloid after exposure. Small-pox itself will occur the second time in rare instances. My first experience with this disease as a physician was at Lake Zurich in this State. I had eleven cases, nine children, who never had been vaccinated, and the mother who had been in childhood. The mother had only varioloid. The father, who in youth had also been vaccinated escaped altogether. Two of the children died with confluent small-pox.

My next experience with this sickness was in New Orleans in the fall, winter, and spring of 1863-4. Here we had as many as

1,000 patients in hospital at a time—averaged that many for months. We were daily receiving new recruits at our wards and daily discharging them; not a few went to the grave.

Here then during all these months of hospital practice, I was in constant attendance on small-pox patients, still I was in uniformly good health and so was my family, notwithstanding I went home to them directly from the hospital daily. My wife and three daughters had been only vaccinated in youth. I am a firm believer in the efficacy of vaccination. But how many there are who think they have been vaccinated who have not been? Spurious matter has been used; or if good virus, it has been inefficiently done. The impression with many is that if they only have had a bad sore on their arm "it has took well," when in fact, in all such cases it never "took" at all. But who will pretend to portray the ill consequences of such spurious vaccination. Even when the matter is good, too much scarifying the arm lets the virus run out with the blood, making an ugly sore or ulcer, no sign of a typical pustule. This is no vaccination, even if the matter was good—a false security. I have had my attention called to the appearance of the arms in one week after the so-called vaccination, finding only an ugly looking sore, no signs whatever of any appearing pustule, yet they thought it was taking well because the arm was swollen and painful, as far up as into the axillary space. It has been my rule when I see a case of previous vaccination, showing a typical scar, to let what I considered well enough alone. Is it true, I suppose, that wherever vaccination shows a healthy process such might seem a risk of varioloid in case of exposure to small-pox. In these cases a paucity of matter may have been at first introduced into the system.

The immortal Jenner believed that once introducing the kine pox virus into the system properly by vaccination was sufficient. Heim asserts that there are no less than five spurious cow-pox viruses. Should not this caution us against the too frequent use of this matter? What reason have we to suppose that vaccination runs out "every seven years" or oftener. For now I believe it is getting fashionable to vaccinate every year in case there is any small-pox in the country. Why does not contagious

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disease seize upon us (if we expose ourselves) as often as every seven years, or every year, as the case may be? Is it not fearful to be introducing into the human system by inoculation every few months some sort of matter, of the character of which we know little or nothing? How do we know but that we are introducing seeds into the system that will poison the blood of the patients and sooner or later cause the death of them? Especially when we consider that there was not one chance out of a million of the patients ever taking the small-pox.

H. ROSECRANS, M.D.

MR. EDITOR:

The enclosed inquiries are addressed to you by the American Association for the Cure of Inebriates, which was organized in 1870, for the purpose of studying the nature and causes of inebriety from a purely scientific standpoint.

The purpose of these questions is to gather the practical experience and observation of leading members of the medical profession, as a basis for a more accurate knowledge of the nature and character of inebriety.

Full answers to these inquiries, and other facts relating to this subject, are most earnestly solicited, and will be fully credited to each reporter. The results of this investigation will be sent to each one free when published.

Trusting to hear from you soon, I am, with thanks,

Very truly yours,

T. D. CROTHERS, M.D.,

Sec'y of Committee and Editor of *Journal of Inebriety*.

P. O. Address: Hartford Conn.

Can you give any facts, from observation, bearing on the heredity of inebriety, particularly as to the presence of Insanity, Epilepsy, Phthisis, Inebriety, or other neuroses in the parents or relatives of inebriates?

Give cases with histories if possible?

Can you give any history of inebriates whose drinking dated from or was influenced by head injuries, sunstroke, syphilis; or could be traced to mental shock, disease or injury of any kind; also, to over-work, nervous exhaustion, anæmia, and any specific causes which broke down or injured the system?

Have you seen any cases in which insanity or epilepsy either preceded or followed inebriety? If so, was it traced to the use of alcohol alone, or was it due in part, or in whole, to some inherited or acquired diathesis?

Have you noted any distinction between the different forms of inebriety, such as irregular, continuous, or periodical inebriety? State any facts you have noticed which relate to the periods and forms of drinking?

What particular mental and physical changes have you noticed concerning the character and general health of the inebriate that would suggest the idea of disease and the need of physical care and treatment?

Have you noticed any form or condition of inebriety that seems to be produced or is largely influenced by the kind of alcoholic drink used, or the work engaged in, or the food or climate, or any other unsanitary surroundings?

Illustrative cases concerning any of these inquiries will be welcome, and a full expression of opinion from observation and experience is urgently requested.

HARTFORD, CONN., Jan. 22, 1884.

ARCHIVES OF DENTISTRY. — An association of dentists has been formed for the purpose of publishing a dental journal under the above title. This association is being incorporated, and has purchased the *Missouri Dental Journal* as a starting-point upon which to establish the new enterprise.

The editorial work of the journal will be directed by the association, and the editorial staff will comprise representative men chosen from all sections of the country. Its course will be outspoken, fearless, and progressive, and, as its name indicates, will aim to record all important events connected with the current history of dentistry. Its pages will be open to a full and free discussion of all subjects relating to dental science and art, and also those of related sciences. An earnest effort will be made to produce a journal that will be acceptable, if not indispensable, to every dental practitioner.

The plan adopted contemplates the publication of this journal simultaneously in the cities of Chicago, St. Louis and Atlanta.

For the present, all communications should be sent to the Dental Journal Association, 48 S. Clark Street, Chicago, Ill., 405 N. Third Street, St. Louis, Mo., or 3 White Hall Street, Atlanta, Ga.

The subscription price of the new journal will be two dollars for the year 1884, and three dollars for each year thereafter.

This advance circular is sent to you with a view of informing you of the action already taken, and of soliciting your coöperation in the work.

THE DENTAL JOURNAL ASSOCIATION.

Reviews.

A COMPLETE HANDBOOK OF TREATMENT, Arranged as an Alphabetical Index of Diseases. Containing nearly 1,000 Formulæ. By WILLIAM AITKEN, M.D., F.R.S. 12mo, cloth, pp. 444. New York: Bermingham & Co. 1882. (Bermingham's Medical Library). \$2.00.

The author of this little book is widely known through the medical world as the writer of the long celebrated "Aitken's Practice," and for those familiar with the latter work, the one in hand is at least superfluous. But, as all practitioners and most students cannot afford the leading treatises on practice, and as special works on pathology and diagnosis are readily accessible, the present volume of treatment is likely to become, as it well deserves, a most popular book with medical students.

The alphabetical arrangement of each article is a commendable feature which will be best appreciated by the busy practitioner who is in the habit of reading the treatment of each obsolete disease as a new case presents itself, and cares little for the pathology of the same. It is a well-known fact, that it is not so much a clear understanding of the case which establishes the reputation of the doctor, as a successful mode of treatment. Ten years ago, the mind of the profession was absorbed in the study of the pathological changes accompanying diseases to such an extent as to nearly forget that there was a remedy for each evil; but of late, the works of Bartholow and of Ringer in therapeutics, and the introduction of the antiseptics in surgery, have wellnigh made an entire revolution in the treatment of disease, and the sooner the practitioners of medicine adopt such methodical therapeutics as are laid down in this book, the better for their patients, and for humanity at large.

H. D. V.

A PRACTICAL TREATISE ON IMPOTENCE, STERILITY, AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. By SAMUEL W. GROSS, A.M., M.D. Second edition, thoroughly revised, with 16 illustrations. 8vo., cloth, pp. 176.

This is an elegant monograph which has become celebrated as much for a peculiar idea of its author as for its intrinsic value. This idea is thus expressed in the preface to this second edition:

"As was stated in the first edition, of the affections discussed in this brochure at least two—impotence and spermatorrhœa—are commonly described as functional diseases of the testicles; while, according to my observations, they usually depend upon reflex disturbances of the genito-spinal center, and are almost invariably induced or maintained by appreciable lesions of the prostatic portion of the urethra, which, as they may not be perceived by the patient, are frequently overlooked by the physician."

This is the old theory of Lallemand revived and better supported, and so also the latter's treatment, applied with some improved methods, is highly recommended.

Unusual attention is appropriately given the subject of sterility in the male. In the chapter on Sterility, the abnormal conditions of the semen and the causes which deprive it of its fecundating properties are fully considered—a portion of the work intended to supplement the subject of sterility in the female. "From answers to letters addressed to many of the most prominent writers in this country on gynæcology, I find that, with few exceptions, the woman alone commands attention in unfruitful marriages. The importance of examining the husband before subjecting the wife to operation will be best appreciated when I state that he is, as a rule, at fault in at least one instance in every six."

We have read this practical and fascinating little book with unusual interest, and we found it full of valuable hints, although its perusal did not impart a conviction of the frequency of prostatic lesions, or of the prominence of masturbation as a cause of stricture, and it is possible that the views of the author may lead to unduly severe treatment in the hands of the quacks who monopolize in the large cities the specialty of venereal diseases.

At the same time we are well aware of, and desire to enforce the statement, that this is a most valuable monograph, which every practitioner ought to take cognisance of, for it throws much light on a subject as important as it is neglected.

H. D. V.

HANDBOOK OF THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE THROAT, NOSE, AND NASO-PHARYNX. By CARL SEILER, M.D. Second edition. Thoroughly revised and greatly enlarged, with 77 illustrations. 12mo., cloth, pp. 295. Philadelphia: Henry C. Lea's Son & Co., 1883.

This is a little volume of rare merit, and few superfluous words will be found in its interesting pages. The well-earned reputation of Seiler, and his numerous communications to the medical press, render an extensive critique of his work useless, except in so far as it is advisable to state the various articles which it contains. The first chapter treats of the laryngoscope; the second, of the art of laryngoscopy; the third gives the anatomy of the parts; the fourth, the various instruments used besides the laryngoscope. Then comes catching cold, acute laryngitis, functional disorders of the larynx, neoplasms, pharyngitis, hypertrophy of tonsils, coryza, nasal catarrh; a comparative diagnosis of the preceding affections, and a bibliography.

Although so concise, it seems that each chapter is complete, and conveys the proper idea of the disease and its best modes of treatment. One feature of this book, which belongs in common to all the works published by Lea, is the clearness of type and of illustrations, the fine quality of the paper, and the neatness of the work. Of course, this treatise is better adapted for students, and not so well for practitioners, as some of the larger works treating of the same subject.

H. D. V.

A PRACTICAL MANUAL OF THE DISEASES OF CHILDREN, WITH A FORMULARY. By EDWARD ELLIS, M.D. Fourth edition; revised and enlarged. 8vo., cloth, pp. 218. \$1. New York: Bermingham & Co., publishers, 1882.

The well-known work of Ellis on Children here appears in a

cheap form of crowded pages, a result of free trade in foreign books. No doubt, many poor practitioners will profit by that, as it is really wonderful that such a valuable book could be presented to them for the price of a dollar, and every practitioner, as well as student, should place it on the shelf of the library, for future reference at least. Indeed, few of the larger treatises on the subject contain as much diversified matter as this, and hardly any work on practice ever was written so methodically, and with as much regard for the practical side of treatment. H. D. V.

THE HEALTH OF DR. WILLIARD PARKER.—Dr. Parker, as many of our readers are aware, has been the subject of a number of attacks of illness during the past year or more, which have given rise to solicitude. He was lately seized with an acute sickness, and again there has been occasion for anxiety. Some improvement is now reported, and we trust that his exceptionally vigorous constitution will lead to his speedy recovery.—*N. Y. Med. Jour.*

ON Feb. 1, 1884, the New York Post-Graduate Medical School, at which, since its foundation, 140 students have availed themselves of the vast amount of clinical material placed at their disposal, will take possession of more commodious accommodations located on E. Twentieth St. This change is the more fortunate, as the building to be occupied is of such proportions as to admit of the establishment of a hospital service.

WE can state to our happy surprise that our Southern medical brethren are making a rapid progress in medical journalism. In Mexico the *Revista Medico-quirurgica* shows in its first number that this journal will be conducted as a first class journal, and the new journal of Caracas, *El Ensano Medico* proves the medical progress of this State.

GENEROUS RECOGNITION.—It is said that the Emperor of Brazil has given Prof. Lacerda \$20,000 for his discovery of permanganate of potassium, hypodermically injected, as an antidote for the bite of the cobra.

Translations from Foreign Exchanges.

BY O. STROINSKI, M.D., CHICAGO.

NEW OBSERVATIONS ON DECAPITATION.

Frishjof Holmgren, a Swedish physician, has reported to the Medical Society of Ujosala his recent observations on decapitation. In the first execution, the eyes of the decapitated were widely opened and the pupils contracted, three seconds after the blow; twenty seconds after decapitation they commenced to dilate, and dilation was complete two minutes afterwards, after which the eyes turned to the right and upwards twenty-five seconds later. The reflex movements commenced forty-four seconds after decapitation, by slight twitchings of the muscles of the neck, and there was then a violent contraction of these muscles. The mouth was thrown downwards and to the left side; the tongue seemed also to be turned to the left, and a few seconds afterwards the mouth, which had been widely opened, closed slowly. After a few slight contractions of the muscles of the face, a complete rest ensued one minute and forty-four seconds after decapitation. From the surface of the dissected neck the blood streamed one meter, and thirty-five seconds afterwards the blood flowed in cascades. On the body no movement was noticed. In the second execution, the author was placed in front of the culprit during decapitation. The flow of blood was thrown out in a jet of 1 m. 33 c.m. The author concludes that in decapitation the sensibility disappears instantaneously, and that decapitation is entirely painless.—*Hospitals Tidende*.

SPONTANEOUS RUPTURE OF THE ABDOMINAL WALLS, WITH PROLAPSE OF THE INTESTINES, IN INGUINAL HERNIA.

The patient, a woman 54 years of age, is living in very poor

circumstances, her food consisting of potatoes and adulterated coffee. The woman is, therefore, emaciated and anæmic. She acquired an inguinal hernia ten years ago, which has augmented by continuous labor to the form of an oblong sac, hanging down between the limbs. From the lowest point of this sac, a serous fluid began to issue about a year ago. At 7 o'clock in the morning, while visiting a neighbor, the sac ruptured with audible detonation, and she fell down to the floor; but recovering quickly, she took the prolapsed intestines into her apron, and went home. The intestines were exposed to the open air from 7 o'clock in the morning to 2 o'clock in the afternoon, and the patient complained of intense pains in the region of the stomach. There was constant vomiting of greenish fluid. Pulse 86; tongue dry; temperature normal; sensorium free. Two c.m. above the os pubis, and parallel to it, there was a rent in the abdominal walls eight c.m. long. The walls were very attenuated, about the size of cards; the margins of the wound livid, tinged with blood, and very lax. The skin which had formed the sac was full of wrinkles, and as large as a child's head. The prolapsed bowels belonged to the small intestines, the omentum not visible. The loops of the intestines were so numerous, that it could be said with certainty that the whole structure of the small intestines was outside the abdominal cavity. They appeared as a dark blue mass, and they were viscous and cold. The applied apron was saturated with a bloody, serous fluid. The patient rested with her legs on a part of the intestines, and compressed them, but they were not injured. The space into which the intestines had to be removed was diminished by retraction, and it was only by careful reposition of each and every loop that the whole mass could be replaced. The skin was then elevated to a large fold, and deep sutures were applied, with some superficial ones afterwards. While the patient was collapsed and the pulse very low, wine and strong coffee was given. After two days the vomiting had ceased, but there was tympanitis without pain in palpation. The skin was hot; pulse 92; temperature 104; urine passed freely. Four days afterwards the bowels had moved freely, and complete recovery was restored after a short time.—*Serzst. Intelligenzbl.*

GANGRENE OF THE BLADDER, BY A RETROFLECTED UTERUS,
IN THE FOURTH MONTH OF PREGNANCY.

A servant girl, 40 years of age, and not married, suffered from retention of urine for two days. She had always been healthy and the menstruation regular, until two months ago. Since that time she suffered from pains in the lower abdomen. The urine passed but scantily, and she had severe headache when the fæces were retarded. The patient denied energetically having had any intercourse, and the hymen was intact, but there was a round sensitive body in the posterior part of the vagina, and the cervix could hardly be reached. The patient was of a small rachitic form; the face suffering from pains; there was icterus, and the pulse 120; the abdomen very sensitive, and the bladder reached as far as half an inch below the umbilicus. Diagnosis: retention of urine caused by a retroflected gravid uterus. The uterus was replaced by the rectum, and the patient placed on the side forwards. The bladder was emptied every 6 hours by the catheter. On the third day the urine suddenly appeared to be bloody and fetid, and the uterus being constantly found in the fornix vaginæ, a pessary was inserted, but soon withdrawn, on account of pains. Now all the symptoms of peritonitis purulenta set in. After 4 days, a fœtus was expelled with the placenta, but the uterus remained in retroflexion. From this time on, the urine could not be withdrawn by the catheter; the openings in the latter were occluded by dark brown membranes. The spontaneously voided urine had an intensely fetid smell, and gangrene of the bladder was diagnosticated. The autopsy confirmed the diagnosis. There was a good deal of pus among the adherent intestines. The bladder was adherent in its whole length to the abdominal walls, and its fundus reached as far as the umbilicus. It was not possible to separate the bladder from the abdominal walls or the intestines. The uterus was retained in the sac of Douglas by fibrinous adhesions.—*Memorabilien*.

FRACTURE OF THE CRANIUM IN A CHILD FOUR MONTHS OLD.

The child fell from the lap of the mother to the floor, a distance of about 75 c. m., and on the left side of the head. Five days afterwards there were symptoms of traumatic meningitis, *i. e.*

convulsions, contraction of the left arm, etc. The child died in a week. There was neither a swelling on the head nor a bloody spot. The autopsy proved the meninges to be filled with pus on the whole surface of the brain, and there was a fracture running from the callous portion of the temporal bone, over the left parietal bone, with a fissure running vertically to the sagittal suture. These cases are very rare, and the physician is often deceived in visiting the child and not noticing any symptoms to the fourth or fifth day, when death quickly sets in.—*Journal de Médecine et Chirurgie pratiques.*

XANTHELASMA.

The patient, a woman 25 years of age, had suffered from icterus for the last two years, and had pruritus. The xanthelasma was found on all parts of the body except the trunk, and it was formed of irregularly marked spots of the size of a bean to that of a half-dollar. They were either at the level of the skin or a little elevated, and of a whitish or yellowish color. On the inner part of the elbow and knee-joints, and on the dorsal side of the hands and feet, there were small nodules, either single or conglomerated in plaques, and only movable with the skin. They were formed by a hyperplasia of the upper layers of the cutis, especially of the papillary body, with enlargement of the papillæ, with local development of fatty masses in the lateral parts of the papillæ, and finally, a development of round, oblong, or otherwise shaped masses of free small granular bodies (pigment).—*Deutsches Archiv. f. Chir. Medicin.*

SOME CASES OF INTOXICATION BY NAPHTHALINE.

A boy 18 years of age, was bitten in the right arm. There was considerable swelling of the arm, but without affection of the glands. A large incision had to be made, and the wound was filled with pulverized naphthaline every day. After three days, there was erysipelas, and the urine contained albumen and formed cylinders. The arm was now put in a warm water bath, and the symptoms disappeared. A hackman 32 years of age, had a large wound on the dorsal part of the foot. The wound was filled every day with pulverized naphthaline. After nine days, the patient suddenly had a high fever; urine dark-colored; head-

ache and loss of appetite. A warm water bath restored the patient. The third case was that of a man whose right foot had been amputated on account of caries three years ago. There was now caries of the toes and the bones of the middle foot on the left side. This foot was then partially amputated, but the flaps from the sole of the foot became gangrenous. After the application of naphthaline for 5 days the wound looked exceedingly well. For about a month he was treated with an ointment containing 25 per cent. naphthaline. Suddenly high fever set in, with considerable thirst, loss of appetite, and prostration; great excitement, with attacks of mania. The naphthaline was not applied afterward, and in a week all the symptoms disappeared.—*Med. Chir. Centralblatt.*

GALL-STONE IN RELATION TO CANCER OF THE GALL-BLADDER.

Carcinoma of the stomach is often found to be developed on the round ulcer of the stomach, and the following case shows clearly that cancer of the gall-bladder is often developed on the lesions produced by calculi, the traumatic origin of cancer being also here corroborated. The patient, a woman 66 years of age, complained of loss of appetite for three weeks, and there were pains in the right epigastric region, the fæces being white and irregular. There was icterus of the skin and conjunctiva, the arteries being enlarged. The liver was large but smooth, its margin rough; in the region of the incisura cystidis fellæ there could be palpated a hard body of the size of a hazel nut, with large margins; the urine contained gall elements. At the apex of the heart a systolic murmur. The gall-stone could be distinctly palpated for three weeks, but after the fourth week it had disappeared. The patient then became œdematous, and on the surface of the liver were now some nodules. The diagnosis was cancer of the gall bladder. The autopsy proved the development to have taken place from the calculus and the scars which were formed by its lesion. There was also cancer of the liver and the right ovary.—*Wiener Med. Wochenschrift.*

A RARE FORM OF RACHITIC THORAX, WITH PERVERSE RESPIRATION.

The child, 13 months old, was in a dying condition when seen, and had the following abnormal formation: Between the line drop-

ped from the sternum and axilla of the right and left side, from the lower margin of the second rib down to the false ribs, the thorax was deeply impressed, forming thus two large cavities. The distance of the lower points of these curvatures was 9 cm. From the middle diameter this arc flattened up and downwards. The form of these cavities was that of a canoe, and it looked as if these lesions had been criminally made by seizing the child with four fingers of each hand on the chest, and the thumb on the back, forcible compression being performed. The brutality of the parents indicated this theory, but by experiments made on animals it was proved to be impossible. The inspiration, which was very short, was followed by symptoms of intense pains, and expiration was sudden and quick. In each inspiration the apex of the thorax became dilated, while the cavities were deepened. The bones of the thorax were so soft, that auscultation and percussion was impossible. The parenchyma of the lungs was nearly entirely destroyed.—*Wiener Med. Wochenschrift*.

ACTINOMYCOSIS IN MAN.

The patient, 21 years of age, suffered from asthma, cough, fever, and emaciation. After a few months several abscesses formed on the back, and there was a pleuritic exudation on the right side. On incision of one of the abscesses, a thick pus escaped, which contained actinomyces. Death followed, by perforation into the bronchial tubes. In the autopsy, the muscles of the right thorax were found to be covered with large abscesses and fistulæ, which were in connection with the right pleural cavity. Right lung gangrenous, and numerous actinomyces were in the abscesses. Left kidney changed into a large actinomycotic mass.—*Zeitschr. f. Allgem. Med.*

ANEURYSMA TRAUMATICUM OF THE RIGHT FEMORAL ARTERY WITH OPERATION IN TWO SESSIONS; RECOVERY.

A farm hand, 23 years of age, was wounded in the right upper leg with a knife. There was considerable hæmorrhage and muscular contractions in the wounded and in the other healthy leg. Compression was made and the leg then bandaged. Repeated hæmorrhages for the next three days, always followed by muscular contractions and convulsions. The patient was then very anæmic, and on the fifth day a pulsation in the wound was noticed.

On the sixth day the contractions and convulsions were most intense, and they were only relieved by large doses of morphine. Compression of the femoral artery below Poupart's ligament. The tumor grew slowly, notwithstanding continued compression and the internal use of ergotine. After a month high fever set in, with hæmorrhage of the lungs. After about six weeks the aneurysm extended from about 6 cm. above the patella to the inguinal fold. There was collapse after seven weeks, and the patient was revived by hypodermic injections of ether. Then it was concluded to make the operation. An incision was made between spina ossis ilei and symphysis pubis in longitudinal direction, and 5 cm. long. The artery was ligatured twice in a distance of $1\frac{1}{2}$ cm. with catgut, no hæmorrhage. The wound was closed by catgut, and antiseptic treatment applied. Four days later, the sac of the aneurysm was opened, Esmarch's bandage having been applied. An incision of 20 cm. was made above the sac and the latter opened. A great quantity of blood clots escaped and there was considerable arterial hæmorrhage, which resulted from the presence of three arterial branches running into the femoral on the posterior wall of the artery and just opposite the wound. After these branches had been ligatured the hæmorrhage ceased entirely. The sac was then filled with carbolized cotton, and three sutures applied. On the next day there was a chilly sensation below the knee, and the pulse varied from 80 to 92 in the next three days. The wound on Poupart's ligament healed per primam. Powdered iodoform was applied to the other wound for the next week, but inflammation with gangrene of the patella set in. Boracic acid produced a quick restoration of this part. The patient was in the hospital 197 days, high fever setting in at intervals, but the leg was entirely restored to healthy action, six weeks' treatment with the electric current included.—*Ärzte Intelligenzblatt*.

SYPHILIS OF THE BRAIN.

A telegraph operator, 45 years of age, and of healthy parentage, suffered from chancre and bubo twenty years ago. Six years afterwards there was a protrusion of the tibia with intense pains. Three years later he acquired another chancre, but which healed

readily. After two years there was an eruption on the skin of the left side which resulted in a cuneiform ulcer. This eruption spread over the whole body, but no other ulcers were formed. At this time he noticed that his walk became unsteady and he began to stammer. The status præsens is now as follows: The skin of the body is covered with red nodules, aggregated in some parts to circular rings; the left tibia swollen; paresis of the right facialis; the tongue is thrust to the right side; the right palate is a little lower than the left. The bulbus of the right eye is somewhat protracted in its movements; the voice stammering. The right upper extremity shows the symptoms of severe ataxy, so that the patient can bring the hand to the mouth or the forehead by curving it in a certain way. The right lower extremity is paretic. The diagnosis is syphilitic psoriasis disappears. After two months the patient is entirely restored.—*Med. Chir. Centralblatt.*

ENCEPHALITIS CONGENITA.

In the medical society of Berlin. Prof. Virchow demonstrated the brains of children with encephalitis congenita, having examined in the last year the brains of 44 new-born children. The neuroglia cells were swollen and partially fatty degenerated. The process is so often found in the inner substance that Petrowski believed the process to be a physiological one. But among the 44 brains only 27 showed symptoms of inflammation, and the pathological character of this encephalitis is evident from the fact that the inflammatory process occurs not only in the diffuse state, but that it is found in groups, the nerve filaments degenerating at these places. A process which produces large degenerative layers is not a physiological one. In France the process is believed to be a nutritive irritation, but this cannot be from the aforesaid facts, and while it is not known that fat can be formed by atrophy of nerves. The process has, therefore, to be regarded as a true ante-partum inflammation.—*Wiener Med. Wochenschrift.*

THE TREATMENT OF UREMIA.

Since it is known that uræmia is caused by retention of urea

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in the blood, various and very different methods have been recommended for its treatment. Inhalation of chloroform, purgation by salts, diuretics and injections of pilocarpine are applied to remove the urea in different ways. The diaphoretics are not apt to sufficiently remove the urinary matter by the skin, however large the loss of water may be. Diuretics are without effect in cases of acute nephritis and mechanical obstruction, and it is therefore necessary to consider the anatomical changes in the kidneys in every case. If uræmia occurs suddenly, cold packings and injections of pilocarpine are indicated. If the pulse is small, injections of ether or camphor must be made. The good results of chloroform inhalations in cases of acute uræmia with convulsions are generally known, and they are produced by the excessive exhalation of nitrogen in the narcosis. If uræmia is slowly developed, as in chronic nephritis, the therapeutical means should be of a prophylactic character, seltzers, acetate of sodium and other light salts being given in large doses. If in these cases a sudden attack occurs, the treatment must be regulated according to the pulse. If the latter is suddenly small and thin, digitalis will be the remedy, the cause of the attack resulting from insufficiency of the hypertrophic heart.—*Berl. Klin. Wochenschrift*.

THE TREATMENT OF PHTHISIS.

Dr. Edgar Kurz, of Florence, Italy, makes the following interesting statements: The hypothesis of the bacillary origin of tuberculosis and phthisis has nothing to do with its treatment, the anti-bacillary treatment having entirely failed. It is furthermore not proved that a healthy person living in normal circumstances will be infected by a tuberculous person, and in hospitals the phthisical are not in separate wards, as in other infectious diseases. If the bacillus Kochii needs for its development so many different conditions to affect the lungs into which it easily enters, it must be a bacillus quite different from all the others, which develop in a short time and destroy the life. In the miliary tubercles of the peritoneum the bacillus has not been found. Lately arsenic has been recommended in the treatment of phthisis "to break up the bacilli," and one scientist has ex-

actly described the way in which this is done in the body. But arsenic has been given in tuberculosis in Italy for hundreds of years, and its action has been long known, *i. e.*, by improving the breathing and nourishing the nervous and muscular tissue. Milk diet has been recommended for a long time, and it has to be applied in the future, whatever the bacillus may do. Iodoforme has had a good effect in some cases, but the most patients could not stand the smell of the iodoform, and inhalations with it are a torture for patient and physician. In some cases of laryngitis and ulcers of the larynx, the powdered deodorized iodoform may be applied with good results, but only so far as it induces the lungs to gymnastic action. In hæmorrhage the best remedy is ergot in large doses. Against the fever, quinine is the remedy *par excellence*, salicylic acid producing other complications. In some cases where the fever was produced by resorption of pus, inhalation of carbolic acid acted promptly. Kairine was always followed by aggravated symptoms. It is not always commendable to reduce the temperature of the patient, there being certain conditions where a reduced temperature aggravates the other symptoms. The cough is treated with morphine and apomorphine, each 0.05 in 150.0 water. Oil of turpentine, carbolic acid, kreosote and eucalyptus, used as inhalations, are in some cases of beneficial effect. The best inhaler is Oertel's, which works at a distance of two feet from the patient. Forced nutrition by the (stomach sound), œsophageal tubes is very seldom applicable. The night sweat is readily reduced by the old forgotten remedy, agaricus albus, in doses of 0.5 to 1.0. The disease is a social evil, and it will not be reduced by microscopical or chemical examinations.—*Memorabilien*.

CASE OF INTENSE HYSTERIA CURED BY OÖPHORECTOMY.

Oöphorectomy, *i. e.*, the extirpation of the ovaries, has not produced the results expected, and it has therefore been abandoned by a great many surgeons, but there are some cases where health cannot be restored in any other way. The following case will illustrate this: The patient, a girl 24 years of age, had been healthy to her 11th year, when she had an exanthem of the

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lower extremities, which returned every winter to her 15th year, and then, with beginning menstruation, disappeared. But intense pains set in with every menstruation, and when 17 years of age, she was taken very sick, so that she had to keep in bed, which she only left after the operation had been performed, *i. e.*, after seven years. There was first vomiting, with pains in the stomach, and all food was rejected immediately. An ulcer ventriculi was then diagnosticated, but after a while these symptoms diminished, and she could take milk and eggs. Soon muscular contraction in the left lower extremity appeared; the upper part of the limb was in extension and abduction while the foot was in plantar flexion. These contractions extended slowly upward; they attacked the left upper extremity and the muscles of the jaw, and the *musc. orbic. palpebr.* They attacked gradually the other parts of the body, and the latter was then in a continuous state of contraction. Besides that, there was an intense hyperæsthesia of the skin, resulting in clonic convulsions, with loud cries at the least touch. In palpating the ovarian region, the patient closed the eyes, and a gurgling sound was heard in the larynx. The voice was lost entirely, and the patient had to be fed through a small aperture in a defective tooth. By pressure on the ovarian region the symptoms relaxed somewhat, and in a room with dense tobacco smoke the patient felt quite comfortable. This case was similar to that published by Charcot. The patient had to be carried to the hospital in a chloroformed state, on account of the extreme sensibility of the skin. The operation was performed in the usual way, the right ovary being dislocated into the sac of Douglas. Twelve days after the operation, the girl left the bed for the first time for the last seven years, and three weeks afterward she was entirely cured, the symptoms having gradually ceased in the same way as they had come on.—*Memorabilien.*

BLOODY TEARS.

A young hysteric girl complained that she lost a good deal of blood from her eyes every night, and observation proved this to be true. The examination of the eyes showed nothing more than a slight blepharospasm, with facial neuralgia. This is a rare

accident, but in the cases of Hasner and Brun the patients discharged a fluid from the conjunctiva which, under the microscope, showed the characteristic blood-corpuscles. The conjunctiva was in all these cases of healthy appearance, and there was neither tumor, nor any other disease of this organ. The accident occurs only in hysterical girls, and mostly at the time of the menstruation.—*Journal de méd. et chir. pratiques.*

NEPHRECTOMY.

The patient, a woman, 21 years of age, suffered from a renal tumor of the size of a man's head. The urine was purulent and there were intense pains. The diagnosis was pyelo-nephritic abscess, originating probably from a calculus in the kidney. Nephrotomy, *i. e.*, a large incision into the parenchyma of the kidney, was first practised, and a large quantity of pus escaped, the patient recovering quickly. But after six months, a fistula having been established, the pains reappeared with the same intensity, and nephrectomy was now decided on. It was tried to separate the cellulo-fatty layer from the kidney, but intimate adhesions prevented this performance. Then the fibrous capsule was incised and the enucleation thus easily performed. The patient had salivation to the amount of a liter every day on the thirteenth and fourteenth days, which was probably produced by a lesion of the pancreas during the operation. After three weeks the patient was discharged as cured.—*Le Praticien.*

A SINGULAR PHENOMENON OF CIRCULATION IN THE CORNEA.

A girl, 17 years of age, complained of pain and a certain tension in the left eye. For the preceding fifteen days the eyesight was entirely lost, but only when the head was kept in a declined position for awhile (sewing, etc.). By friction vision was restored in about two or three minutes. All the organs were found to be in normal condition, there being but slight anæmia and some disturbance in menstruation. The examination of the eye showed normal vision, with but little protrusion. The vessels of the conjunctiva were larger than normally, and on the lower margin of the cornea there was a ring of whitish-yellow color. Lowering the head for some minutes, there was seen a whitish-yellow substance

which entered the lower and middle part of the cornea, consisting partially of striated and partially of conglomerated fluid. The experiment could be repeated *ad libitum*, and with the head reclining the fluid could be seen to flow back into the ring. The white veil obstructing thus the eyesight consisted of lymph corpuscles which entered the cornea in a different manner. The girl was treated with iron, etc., and sent to the country, where the menses becoming normal, the phenomenon disappeared entirely.—*Annali di Ophthalmologia*.

CHRONIC TUBERCULOSIS OF THE CHOROIDEA.

A young boy of 17 suffered first from a swelling of the right knee and of the carpo-metatarsal joint of the left thumb. Three months later, vision of the right eye became imperfect and he had fainting spells. After one of these the right eye was found to be entirely blind. Two months later a tumor developed in the inner part of the right eye, and it reached the size of 16 mm. vertical and 18 mm. horizontal diameter, extending to the cornea. It was elastic and painful, and had a rough surface, no connection existed with the anterior chamber. Later the tumor opened, and the eye was then enucleated. Cornea, iris, and lens healthy, retina well preserved. The tumor is in the choroidea, and of a conglobate tuberculous character, with round and giant cells. Inoculation of rabbits proved the true tuberculous character of the tumor, but there were no bacilli found.—*Correspondenz-Blatt f. Schweizer Aerzte*.

GLYCERINE IN FEVERS.

Glycerine is in a certain sense a nutriment, and while it can be given in large doses with small parts of beef-tea and milk it will give the patients the power to resist the attacks of the fever. The best method to give it is with citric acid, the taste being then a very agreeable one. The examination of the urine after the use of glycerine shows a considerable decrease of urea. If the glycerine is not given for a certain time, the amount of urea increases again. 30 parts to 150 water can be given, tablespoonful every hour.—*Revista clinica e terapeutica*.

A CASE OF IDIOPATHIC MILIARY TUBERCULOSIS OF THE SPLEEN.

It is generally accepted that miliary tuberculosis of the spleen is a secondary disease originating from the tuberculosis of other organs, and especially from the lungs. The following case will contradict this theory: A prisoner, 25 years of age, had suddenly an attack of fever, with rising and falling temperature, intense headache, and cough with expectoration of mucus. In auscultation murmurs were heard all over the lower part of both lungs; the diameter and position of the heart normal, also its action. The abdomen somewhat tympanitic, liver normal, spleen greatly enlarged. The headache and cough increased, the face became cyanotic, there was hæmorrhage from the nose, diarrhœa, and retention of urine. After a few days delirium set in, and the patient tried to escape. The patient died after 17 days. The autopsy showed the lungs to be in a perfectly healthy condition, as were the heart, the stomach, and the intestines. The spleen, about three times larger than its regular size, contained in the capsule and the interior part numerous miliary tubercles adjoining the vessels. — *Aerztl. Intel. Blatt.*

POISONING BY CHLORIDE OF POTASSIUM.

It is not generally known, even among physicians, that chloride of potassium in large doses has strong poisonous properties. Dr. Friedländer has made ten autopsies in the last three years where death was caused by the use of the chloride. The following two cases are lately reported: A child, four years of age, on the recovery from scarlatina and dropsy, was given a solution of two drachms of the chloride in three ounces of water and one ounce of syrup, every two hours a teaspoonful. After taking about half of the mixture vomiting with diarrhœa set in suddenly, and cyanosis and death followed shortly afterwards. The autopsy showed all the symptoms of poisoning by the chloride in the very emaciated child. A strong man, 49 years of age, was advised to dissolve a teaspoonful of the chloride in a glass of water, and to take of this solution a tablespoonful every two hours. By a misunderstanding upon his part, he took every two hours the whole mixture, containing one teaspoonful of the salt, and he

swallowed thus 50 grams in 36 hours. He died on the third day, and the autopsy proved the cause to be poisoning by the chloride of potassium. (Two distinct cases of poisoning by the chloride occurred in my practice 9 years ago, the druggist taking in each case the same amount of grammes as were prescribed for in grains. Tr.)—*Med. Chir. Centralblatt.*

INFLUENCE OF DIPHTHERIA ON PREGNANCY.

Although numerous works treat fully the subject of diphtheria, no allusion is made to its influence on the products of conception. Dr. A. Ollivier has had occasion to observe in the Hôpital Saint Louis a case of abortion in a woman four months pregnant, following a diphtheritic angina. The diagnosis and progress of the case was : Diphtheritic angina ; extension of the pseudo-membranes to the nasal fossæ, to larynx, to trachea, and to the bronchial tubes; abortion ; paralysis of the soft palate ; imminent asphyxia ; death. The disease was grave, not only in its nature, but also in the fact of pregnancy and the puerperal state following the abortion. How was, in this case, the abortion produced ? What was the mechanism ? At first we can explain it by the intensity of the fever. The influence of the febrile state on the course of pregnancy is not to be doubted ; it has been demonstrated clinically and experimentally by Kaminsky. According to him, the high and prolonged elevation of temperature is one of the frequent causes of death of the product of conception in the infectious diseases. A temperature of 42° , 42.5° C. in the human being, of 41.5° C. in the rabbit, is absolutely deadly to the foetus, and in women the danger of death of the infant commences at 40° C., and increases proportionately with the temperature. But our patient never had an intense fever ; for, on the same day as the abortion the thermometer only marked 38.04° C. Therefore the temperature was not the cause of the abortion. On the contrary, the author finds the cause in the state of the maternal blood, either insufficiently oxygenized and saturated with carbonic acid, or altered by an infectious germ. In other words, the abortion was due to asphyxia in the first hypothesis, to a true intoxication in the second. The product of conception, once dead, is

nothing but a foreign body for the womb, and therefore expelled. Now, which one of the two causes had more influence on the abortion? This occurred in the night of the sixth or seventh day after the commencement of the disease. On the fourth day the respiration was easy; on the fifth became labored; on the sixth the cyanosis appeared at the lips and at the extremities. Therefore it must be admitted that the asphyxia played a certain role; this role was not predominant, and the author believes that in this case we must recognize the cause in the diphtheritic poisoning; that this poisoning was primitive or consecutive to the local infection.

The nature of the infectious and specific agent of diphtheria is yet unknown. Is this agent parasitic or not? The partisans of the former opinion are the most numerous. It is known that in diphtheria the blood undergoes notable changes. Its respiratory capacity considerably diminishes. And it has been shown by Hueter and Tommasi, by Letzerich, by Oertel, etc., that the diphtheritic false membranes, the lymph, the blood, and the kidneys themselves, abound with vegetable organisms, by some considered as the infectious agent, and by others simply as accidental elements. Until lately, the negative experiments of Brauell, of Davaine, of Bollinger, on the blood of embryos of different animal beings, seemed to have demonstrated that in the splenic fever the bacteria could not pass from the mother to the embryo. But at present this opinion is recognized to be false. Strauss and Chamberlain have experimentally proven that the bacteria of splenic fever can pass through the villi of the placenta and infect the fœtus. Cannot the same happen in diphtheria? The blood of the fœtus may become infected by the bacteria of the maternal blood. Concluding: diphtheria can in pregnant women be the cause of abortion, and acquire by it a greater gravity. The abortion will be due, in a great number of these cases, neither to asphyxia nor to the elevation of the temperature of the blood, but to an alteration of this fluid, which is incontestable. The possibility of an abortion, with its dangers, command us in the future to take all measures of precaution and of isolation whenever pregnant women are living in the same halls containing patients affected with diphtheria. It is particularly

on this point that Ollivier desires to call the attention of his colleagues.—*Archives Générales de Médecine.*

HOANG-NAN AND ITS THERAPEUTICAL INDICATIONS.

In 1879, M. Lesserteur, a missionary in Tonquin, and Director of the Seminary of Foreign Missions, published an account of *hoàng-nan*, a Tonquinian remedy for hydrophobia, for lepra, and other affections, and with the aim of making known this new remedy, he experimented. In 1881, Dr. Barthèlemey published simultaneously in the *Journal de Médic. de l'Ouest* and in the *Bull. Gén. de Thérap.*, a complete study of *hoàng-nan*, and the results obtained in the treatment of several affections of the nervous system, and of a case of varicose ulcer declared incurable. In 1883, the same author published in the *Bull. Gén. de Thérap.* a new study, eulogizing the *hoàng-nan*, especially as a specific for hydrophobia, giving at the same time the history of a case. In his paper he divided into three groups the diseases in which the Tonquin bark ought to be again experimented with: Diseases of the nervous system; poisoning by virus and venoms; local and constitutional cutaneous affections. The action of the remedy in the last group is probably due to its activity on the cerebro-spinal system. Brucine and strychnine, which enter into the constitution of this bark, are well-known stimulants of the nervous system, and, on the contrary, all the grave accidents due to an absorption of a virus or venom, depress profoundly this apparatus. Not long ago, Pasteur communicated to the Academy of Medicine that the cerebro-spinal axis is the principal seat of elaboration of the rabid virus. Could it not be the same with the venom of serpents? In four cases observed by Barthèlemey, Viaud-Grand-Maraïs and Albert Malherbe, the *hoàng-nan* was employed in the prodromic period, and the result was most brilliant; no rabid accident whatever was observed. The want of success is mainly due to the late use of the remedy *in extremis*, and to the insufficient doses. Barthèlemey recommends the *hoàng-nan* to be given in increasing doses, and especially during the period of incubation, and large doses in the confirmed cases of hydrophobia. One of the first results is to quieten the *moralè* of the patient and to gain his confidence. Another consequence

of the employment of the remedy is to permit us to diagnosticate to a certain point if we have to deal with a confirmed case of rabies. The cures obtained of patients bitten by the cobra di capello and by the black viper, are one of the reasons that brought us to think that, equally with the virus of hydrophobia, the venom of serpents might have the cerebro-spinal axis as the principal seat of elaboration. Another group of diseases amenable to treatment by *hoàng-nan*, is that of certain local or constitutional cutaneous affections, syphilis excepted; it seems that the Tonquinian bark has no effect on this virus. It was used in a case of eczema of the scrotum, invading the perinæum and the superior and external part of the thigh, and of ten years' standing; it was cured in a few days. Are not these cases, and many others analogous reported by exotic experimenters, sufficient to excite us to thoroughly study the *hoàng-nan* and its therapeutic properties?

CYSTICERCUS IN THE VITREOUS HUMOR.

Mlle. X., aged twenty-three years, consulted Prof. Dor on the 24th of September. Before last June, she possessed a good sight. On the 2d of June, she noticed a little cloudiness before the right eye, but not enough to prevent her seeing the minutest objects. From the 10th to the 12th of the same month the sight of the right eye seemed to diminish, and she commenced to see *muscæ volitantes*. But her ailment was attributed to nervous troubles. In the month of July, she saw a round, black macula, and by closing the eyelids she could perceive a constant, fixed, and brilliant point. In the month of August, the black macula had become translucent from the center to the periphery. Finally, the sight becoming more and more feeble, she consulted Prof. Dor. He found a detachment of the retina, and a round, whitish, translucent body adherent to the infero-internal part of the retina, having the aspect of a displaced cataract, which he recognized as a cysticercus. Having chloroformed the patient, Prof. Dor made a vertical incision, 8 millm. long, and was enabled after four or five attempts, to withdraw the cysticercus. It is to be noted that after the incision, and during the operation, no vitreous humor escaped. The hæmorrhage was insignificant. Atropine was applied daily. On the 12th, the patient was dis-

charged cured, although with an almost complete detachment of the retina. The entozoa was found to be the cysticercus cellulosæ. These cases are rare. This is the only case that the Professor has seen in 14,000 patients treated by him. Prof. Gayet has found one case of subconjunctival cysticercus in 9,000 patients. Profs. Hasse and Eberth, of Zurich, have never found it. It is very rare in Switzerland, and relatively frequent in Germany. —*Lyon Médical*.

SUGAR AS AN ANTISEPTIC.

Dr. T. Fischer announces in the *Centralblatt für Chirurgie* that since last May he has used in the surgical clinic of Strasburg, cane sugar as an antiseptic. It can be used, mixed with naphthaline, equal parts, or with iodoform in the proportion of 1 to 5. The mixture is placed on the dressing over the wounds properly closed with sutures; where the epidermis is wanting the sugar is applied directly. During the operation the wound is to be disinfected by a solution of sublimate, 1 to 1000. The treatment with the sugar can be left in place, 8 to 15 days without the sugar be dissolved. The wounds treated with sugar presented a good aspect, the bandages did not hurt, and no bacteria could be detected. The granulations rapidly developed, no propensity to hæmorrhage, and cicatrization formed with rapidity. In the sutured wounds healing always occurred *per primam intentionem*. The author has studied the following questions: Is the sugar decomposed? What are the formed products? Dr. Fischer believes, by his results, that the sugar dressing is to be recommended, and he advises its use as to be able to fix its proper value.

ALTERATION OF THE INFERIOR VENA CAVA IN HEPATIC CIRRHOSIS.

Frequently it is noticed in some patients suffering with hepatic cirrhosis that the œdema of the inferior limbs precedes the development of the ascites instead of being consecutive to it, as is taught by classical works on the practice of medicine. Professor Giovanni finds the explanation of this anomaly in the alterations of the vena cava, which frequently, according to him, are the

result of cirrhosis of the liver. Numerous autopsies have enabled him to recognize that this disease is complicated very frequently by hyperæmia of the walls of the inferior vena cava, by phlebitis and varicose dilatations, all which lesions have never so far been demonstrated before Dr. Giovanni, and naturally sufficient to produce disorders in the circulation of the inferior limbs to explain the œdema.—*Gazzetta degli Ospidali di Milano*, 1883.

TREATMENT OF POLYPI OF THE EAR WITH ALCOHOL.

Dr. Politzer states that he has obtained good results by dropping alcohol several times a day into ears affected with polypi. The alcohol ought to be applied at least three or four times a day without interruption. After continuing it fifteen days to two months the polypus commences to contract, and gradually diminishes in size to a complete disappearance. The treatment was equally successful in fibrous polypus. During the first days the patients felt an excessive pain, and later an increase of heat in the affected part.—*Wiener Med. Blatt.*—*Revue Médicale*.

BERIBERI.

Dr. Scheube has described the four following symptomatological groups relating to beriberi: First, sensitive or motor paralysis, frequently in the paraplegic form, with muscular atrophy; second, affections of the heart with predominance of asthenia; third, dropsical affections; fourth, diminution of renal activity. The author considers this disease as a specific neuritis following a subacute course. Dr. Wervic, on the contrary, considers it as caused by an alteration of the blood, a sort of anæmia.—*Deut. Arc. Klin. Med.*—*Revue Médicale*.

THERE is living in Montijo a woman with four mammary glands; two are situated in their ordinary place, and the other two, a little smaller, perpendicularly and two centm. above, one on each side, with their corresponding nipple. She is at present nursing a child with the four breasts, all having an abundance of milk.—*Il Siglo*.

THE TREATMENT OF CHRONIC URETHRITIS AND BLENORRHAGIC CYSTITIS.

If the patient is scrofulous or tuberculous he ought to be treated accordingly with arsenic, iodine, or cod liver oil, and at the same time small doses of the bals. copaiv. have to be administered. The local treatment consists of injections, and instillations, cauterization or catheterism. Injections are often useless in chronic urethritis, the seat of the inflammation being in the cul-de-sac of the urethra, where the injections cannot enter. The new syringe of Guyon, where the injected fluid flows back by a second aperture or tube, is doubtless accompanied by good results when the inflammation is in the anterior part of the urethra. Instillation is followed by very fair results in chronic urethritis. The instrument used for this purpose is an explorator of hard rubber, with a fine aperture at its point. To this is attached a kind of Pravaz syringe tightly fitting and exactly graded. If an instillation into the posterior part has to be made, the sound is introduced into the latter, and after the first resistance has been overcome (the bulbar part) it is thrown into the cul-de-sac, where there is complete resistance. It is then thrown back a little, and twenty drops of a strong solution of the nitr. of silver injected. The instrument is kept *in situ* for three or four minutes. The treatment has to be continued for fifteen to twenty days. The application of bougies or catheters is often followed by damaging results.—*Journal de Méd. et Chirurg. Pratiques.*

MISCELLANEOUS.

IN some parts of France the following curious customs are in vogue up to to-day: When a woman is parturient her corset is hung on the bell of the church and the latter rung three times. If the after-birth does not come, the woman's head is covered with the husband's cap turned inside out, and then she must blow in a big bottle. The father of the new-born child must report the birth in the court-house. When a boy is born, he wears a stiff hat, but if it is a girl he appears in a lady's bonnet.

CREMATION is officially advocated in Portugal. In cases where there is a will made that a person is to be buried in the ground, the body is exhumed after five years and then cremated.

A DOCTOR, with an Arabo-Hindostanian name settled in one of the suburbs of Paris. In a short time he had a large run of wealthy patients. The police sent an officer to inquire about the diploma of the mysterious practitioner. The doctor received the officer very politely, and smilingly showed him his full certificates and diploma from the University of Paris. "But," he said to the officer, "you will oblige me if you do not speak about this affair, for I would lose all my patients in a short time, if they should know that I am a regular Parisian physician."

THE members of the school of Catholic medicine (!) at Lille, France, have opened a subscription for the erection of a chapel in the Basilika of Montmartre, where they will pray "for the souls of those *confrères* who went astray from the right path of Catholic medicine and religion, and who, being atheists and politicians, are damned forever to infernal depths." As the chapel will cost 50,000 francs, and as there is but little money at present, it is doubtful if the "political *confrères*" will have the chance to be prayed for.

A CASE of rather extravagant character came before the Superior Court of Bordeaux, France. A regular physician, but one who had largely advertised a "sure cure" for sterility, was engaged by a lady, and he performed his operation (artificial impregnation). There was no result, and the lady refused to pay the price of 1,500 francs. The doctor brought suit against the lady and her husband, but the court decided that the operation was not a regular one, and the doctor had to pay the costs.

A CASE of congenital ectopia of the heart came before the Paris Academy of Medicine. The woman had a bifid sternum, and the diaphragm was divided in its anterior part, so that the heart could be felt pulsating through the thin walls of the chest-

covering, which was pigmented. The ventricles are small, and the axis vertically directed, so that the whole hangs down to the abdomen. There was also a small umbilical hernia.

SALICYLATE of zinc is, according to the *Independencia Medica* of Barcelona, an excellent remedy in cases of ulcerative cancers, the properties of antiseptic and astringent action being combined in this remedy.

DO THE CONTRACTIONS OF THE UTERUS DEPEND UPON THE CEREBRO-SPINAL SYSTEM?

It has been known for a long time that women with total paralysis of the bladder and rectum, had normal labor-pains and regular deliveries. Dembo, in St. Petersburg, has made experiments on the connection of the cerebro-spinal and uterine nervous systems, and he aims to prove (1) that there are points in or around the uterus which, when irritated by the electric current, provoke normal contractions of this organ; (2) that these contractions will also be produced after the uterus has been disconnected with the cerebro-spinal system, the animals, mostly rabbits, having been either curarized or chloroformed. The author, after giving details of his experiments, says further: (1) There are regions in the anterior vaginal wall which, by the electric current, will provoke contractions of the uterus; (2) the same contractions are produced by the galvanic currents; (3) these contractions can be provoked several hours after the death of the animal; (4) the uterus of young animals is more liable to contract than that of older ones; (5) the two nervous systems of the uterus of rabbits are independent from each other; (6) in pregnant animals the irritability is diminished; (7) the uterus of very young rabbits is also liable to be contracted; (8) curare diminishes the contractibility. Dembo thinks, therefore, that the uterus is entirely independent of the cerebro-spinal system, and that it has special nerve-centers. (The uterus of the rabbit cannot be compared with the uterus of the human female, the former being the most important organ of this animal).—*Comptes Rendus de la Société de Biologie*.

ECHINOCOCCUS ALVEOLARIS OF THE LIVER.

The patient, 29 years of age, has had icterus four or five times, once dropsy, and five years ago intermittent fever. At the present time the skin is intensely icteric; lungs and heart healthy; liver greatly enlarged and sensitive, its surface full of nodules; the spleen also enlarged; the abdomen is tympanitic; the urine shows a large amount of gall-products. The patient complained of pains in the abdomen, as if a stone were laying there; and there was also xanthops. The diagnosis was cirrhosis of the liver with icterus. The patient died after five days. The right lobe of the liver was enlarged, and of a greenish-brown color; on its inner surface there were small nodules of a hard consistence, which contain alveolared echinococci. The left lobe was adherent to the diaphragm by connective tissue filaments, its capsule enlarged and rough on its surface. The tumor on the liver was of the size of a child's head, and of light color. It was as hard as bone, and its stroma filled with alveoles of the size of a pea, with irregular borders. The microscopical examination of the tumor showed that there was not a vestige of liver tissue proper, but there were numerous minute alveoles, which were inhabited by echinococcus sacs. The lamelar layer, consisting of chitine, was not adherent to the walls of the alveoles. In water, it was observed that one sac was often formed by two or more alveoles, which could be separated. On the other hand, there were often communications between two or more alveoles. On the margin of the tumor the number of alveoles decreased, and there were large filaments of connective tissue which looked like the acini of the liver. The contents of these filaments were often colored by a yellowish fluid, which was similar to that of the gall-bladder.—*Aerztl. Intelligenz-Blatt.*

ON COMBINED ŒSOPHAGOTOMY.

For impermeable strictures of the œsophagus, gastrotomy has been hitherto the only relief. Gussenbauer has lately performed the above-named operation on two persons, and in both cases he restored the function of the œsophagus. The first case was a stricture caused by swallowing sulphuric acid, and it extended from the level of the ring cartilage to the upper chest part of the œsophagus, at about the bifurcation of the trachea.

He made first external œsophagotomy (Guattani). While the whole mucous membrane was deformed by scars, and dilatation had been practised without success, he introduced a small pointed sound of 1 mm. diameter through the stricture, over which was pushed another hollow sound. Withdrawing the pointed sound, he cut with a herniotome to the right and left, no hæmorrhage following. Instantly he could introduce a No. 8 catheter, by which a fluid was injected into the stomach. The patient was nourished by a stomach sound of the largest caliber. The wound of the throat healed quickly. The second case was that of a child two weeks old who had been given carbolic acid. The external incision was made a little lower than usual, and a sound of $\frac{1}{8}$ mm. diameter was introduced; afterward the hollow sound, and the operation made as above. A No. 12 catheter could be immediately applied. The wound healed in 35 days. The child, nearly starved to death before the operation, is now in a flourishing condition, and the father inserts a bougie but once a week. —*St. Petersburg Med. Wochenschrift.*

REFLEX DILATATION OF THE PUPILS A SYMPTOM OF SOME AFFECTIONS OF THE BRAIN AND MENINGES. Translated by P. E. ARCHIBALD, M.D., *Gazette des Hôpitaux.*

Professor Parrot shortly before his death made the following discovery, referred to by Dr. Landouzy in his lectures on general tuberculosis. In young children affected with certain diseases of the brain and its coverings, giving rise to coma with or without convulsions, and accompanied by pupillary contraction, stimulation, as by pinching, of the skin of the epigastrium during the stage of coma, produces a more or less marked dilatation of the pupils. In other cases, also characterized by coma but without convulsions, no amount of cutaneous excitation can induce this phenomenon.

The diseases in which this sign is present are marked by normal or increased cutaneous excitability; they are the following, demonstrated by a number of examinations made on the cadaver: tubercular meningitis, hemorrhages underneath the pia-mater, some cases of chronic hydrocephalus and a few cases in which no

appreciable anatomical lesions were found. All this group is characterized by compression of the cranial contents.

The cases in which this dilatation is absent present cutaneous anaesthesia and a non-compression of the encephalon, as evidenced by depression of the fontanelles. The most important of these are: oedema of the pia-mater, congestion of the nervous mass, and of the meninges.

Now, physiologists assign two sets of causes for the motion of the iris. The first purely nervous: contraction of the pupils due to the circular fibres of the irides supplied by the 3d pair of nerves, dilatation caused by the radiating fibres of these muscles controlled by the sympathetic. The second cause is vascular; an increase of blood to the irides giving rise to contraction and a diminution to dilatation of the pupils. Professor Parrot thought the phenomenon observed by him must be due to vascular action, and explained it in this way: the stimulus produced by pinching the skin is transmitted by the afferent nerves to the centres in the medulla and thence reflected to the vaso-constrictor of the irides, thus causing a diminution in the calibre of the vessels of these muscles, a diminished supply of blood, and hence pupillary dilatations. The only practical deductions from the above so far are: that children affected with coma with or without convulsions, in which the pupils do not dilate on repeated cutaneous stimulation, do not suffer from tubercular meningitis nor from hemorrhage of the pia-mater.—*New Orleans Medical and Surgical Journal*.

FOREIGN BODY IN THE UTERUS.

Dr. E. Hjertstrom published in the *Hygiea* a curious case of a woman, aged 49, subject since puberty to periodical attacks of mania, with lucid intervals. She was admitted to hospital on account of an abundant and foetid vaginal discharge. Examination of the uterus showed the neck covered with granulations, and irritated by a secretion coming from the uterine cavity. The exploration of the cavity revealed within it a metallic body. Extraction being indicated, after the dilation of the cervix, the doctor removed a piece of metal lodged in the superior part of the uterine cavity. This metallic body proved to be the brasssocket

of a candlestick, measuring 0 m .015 in length and 2 centim. in diameter and 4 centim. of diameter at the rim. The patient could not state how the socket entered her womb; menstruation had ceased five years ago, and the last labor dated back twelve years. She did not remember having any symptoms of parametritis; she had had some uterine pains. At what time did this body enter the uterus? After the last parturition, before the womb had contracted! That is not very probable. We rather think that the piece detached itself from a candlestick introduced in the vagina, and that it was seized and retained while the uterus was contracting during its mechanical excitations.

PROPERTIES OF ADONIS VERNALIS.

This plant has been for a long time, in the south of Russia, a popular remedy for dropsy, but has not been yet submitted to scientific researches in order to determine its physiological and therapeutical action. Professor Botkin has largely experimented with it in his clinic at St. Petersburg, and Dr. Bubnoff has published a report of the results obtained (*Allgemeine Med. Central Zeitung*). This remedy has no effect in any dropsies except those caused by a cardiac affection. After the administration of the adonis vernalis the beats of the heart become more distinct, the volume of the organ diminishes, and the sounds are more audible. The systolic souffle of the aortic insufficiency especially becomes more intense. The rhythm of the heart is more regular, the pulse slower and more forcible. The urine excreted in the 24 hours notably increases from 300 or 350 grams to 550 or 600. In case there is no alteration of the kidneys, the albumen and the epithelial tubules disappear. The œdema disappears in proportion as the urine increases. The remedy is given in infusion in the dose of 4 grams in 180 grams of water, flavored by two drops of oil of peppermint. A tablespoonful of this infusion may be given every two hours.—*La France Médicale*.

SPINAL MENINGOCELE WITH SPONTANEOUS RUPTURE AND RECOVERY.

A child ten years old has a tumor of the size of an apple on the lumbo-sacral region, the origin being dated back to its birth. The tumor has been tapped by several physicians, but it

always rapidly refilled. The actual state is as follows: The tumor is soft, the covering skin not being colored and it is provided with a small pedicle. Its volume is changed by a rapid diminution in case the patient lays on its abdomen, and is increased again in the vertical position and in defecation. It is transparent as a hydrocele. In touching it, no heat can be perceived and palpation causes no pain. It is fluctuating and reducible and by taxis a part of the fluid re-enters the spinal canal. The latter procedure is accompanied by cerebral phenomena, the child complaining of dizziness in the head and somnolence. On the bases of the tumor, or rather at the level of its pedicle there is a depression in the form of a fold by which the fluid escapes. It is, of course, congenital and a meningocele containing only cephalo-rachidian fluid. These tumors are very dangerous on account of causing instant death. A fine trocar was introduced; 250 grm. of a clear fluid withdrawn, and a tight corset applied. A week after, the same puncture was renewed, and this operation several times repeated, but the tumor grew apparently larger than before, and attained the size of a child's head. There was now mortification of the skin and a scab formed which fell off and the tumor burst. The child was laid on its abdomen for 28 days, a large amount of fluid escaping every day. After three months there was but a small fistula, and after six months the fistula was closed by thickened epithelium. The aspect of the former tumor is that of a patch of thickened skin without any opening, and the child is entirely healthy.—*Archives Générales de Médecine.*

CEREBRAL SYPHILIS.

Is either characterized as gummous phagedena or an arteritis. The first is caused by a nocturnal headache followed by partial convulsions and coma or cerebral paralysis, especially of the third pair, an incomplete hemiplegia and paretic troubles. The syphilitic arteritis is mostly limited to the sylvian arteries at their bifurcation and to the basilar trunk. The vessels are slightly enlarged, which is due to yellowish nodules found in the walls of the artery. It is mostly accompanied by vertigo, cephalalgia, end pupillary dilatation.—*France Médicale.*

LARYNGITIS HYPOGLOTTICA HYPERTROPHIA, TREATED WITH TUBES.

Schroetter first recommended the use of tubes in cases of certain affections of the larynx, but the reported results seemed not to have been satisfactory. The following case will show the importance of the application of tubes in certain conditions. The patient, a woman 35 years of age, had always been healthy, menstruated at 16, and married at 20 years of age. In fourteen years of married life she had seven children. Eight years ago she noticed a hoarseness, which temporarily disappeared to reappear again. In the last year the symptoms became grave, breathing being difficult, and the voice disappearing entirely. At last asphyctic symptoms made it necessary to bring the patient into the hospital. The face is cyanotic; stertorous breathing audible at a long distance; voice soundless; larynx and trachea powerless in palpation, and neither enlargement nor dislocation visible; lungs healthy, as is also the stomach. The laryngoscopic examination shows anæmia of the soft palate, of the epiglottis, and of the entrance of the larynx. In phonation the slightly red-colored vocal cords do not join each other, but they seem to be agglutinated to a swelling, which fills up the internal larynx so that there is but a small opening on the angle of the glottis, and not larger than a pencil. The whole swelling appeared white without vascularization. The free margin is uneven and especially on the left side, it seems to be ulcerated. In inspiration the vocal chords move and the swelling is seen to be subchordal. The diagnosis is laryngitis hypoglottica hypertrophica, the absence of any pain excluding cancer. There was no symptom of tuberculosis. Catheter No. 10 was introduced the first day, and kept in situ for four minutes. In the following night the patient complained of dyspnoea. Four days afterwards catheter No. 11 was easily introduced and kept in situ for five minutes. The next week catheter No. 12 was applied. Now the laryngoscopic examination showed a different picture. The swelling adjoining the laryngeal-mucous membrane had disappeared, and on the left side there were seen granulations. Later, Schroetter tube No. 1 was introduced, and then after a short time tube No. 3 and 5 constantly applied. In the meantime the woman had learned to

apply the tubes herself, and she did it with such exactness that the complete cure was left to herself. Two months after the beginning of the treatment inspiration and aspiration are normal and the voice hoarse only a few hours after introduction of the tube. The swelling is nearly gone and the vocal cords move freely.—*St. Petersburg Medical Wochenscript.*

THE PATHOLOGY OF OPHTHALMIA JEQUIRITICA. Translated by C. R. EGGEMANN, M.D., Detroit, Mich.

Prof. Sattler in *Zehender's Klinische Monatsblaetter fuer Augenheilkunde* says: Between the application and the first appearance of subjective or objective symptoms, there is a period of incubation of about three hours, increasing slowly at first then very rapidly so as to produce a violent ophthalmia within sixteen hours. The lids are agglutinated, œdematous, so as to be even or project above the orbital edge, glistening, hot, and very painful on touching. The palpebral conjunctiva is covered with a thick, tenacious, grayish-yellow membrane. The retrotarsal folds and the ocular conjunctiva are œdematous, the former dark-red in color covered with a fine grayish-yellow membrane, the latter red, slightly tinged with yellow, and surrounding the cornea like a wall. The patients are uneasy, complain considerably, and the temperature is elevated. Occasionally there is swelling of the præ-auricular gland accompanied with a severe coryza. Twelve to sixteen hours after an application of one per cent. infusion the inflammatory process reaches its height, and continues for a day. The membranous exudation could be removed with ease from the palpebræ. The secretion is profuse and purulent. On the fifth or sixth day, the formation of this membranous exudation ceases, only at the retro-tarsal folds it adheres for a few days longer, leaving in some cases a slight cicatrix. It takes weeks before the conjunctiva has regained its normal appearance, and the last symptoms of redness, unevenness, and the dirty yellowish discoloration have disappeared. In some cases there were superficial opacities and shedding of the corneal epithelium. These are the symptoms of ophthalmia jequiritica produced by a single application of an active infusion on the normal conjunctiva of man.

an active infusion is meant the maceration of the pulverized

seed, after the shells have been removed, for twenty-four hours at an ordinary temperature, having the strength of one or five per cent., and to be used immediately after filtering. We can limit the intensity and duration of the ophthalmia by the number of applications made. Age diminishes the action of an infusion and in time it becomes inert. Maceration at high temperature destroys its action, while maceration in ice-water for twenty-four hours did not affect it at all. A few remarks on the experiments on rabbits: the lids were œdematous, felt hard as a board and in some cases the sloughing was partial or complete. The membranous exudations on the palpebral conjunctiva are denser and tougher and on the retro-tarsal folds have a diphtheritic appearance. After the disappearance of these symptoms we have symblepharon or entropion remaining. The cornea is always implicated if the ophthalmia attains any degree of severity. Diffuse opacities may remain, or the cornea may become completely necrosed. A number of the animals succumbed after the inflammation extended from the lower to the sternal region, which, on section, appeared to be a waxy infiltration. An animal that had undergone this process, and with considerable change in the conjunctival tissue, could not be inoculated again so readily, strong infusions exciting only a slight conjunctivitis. Albumen and coloring matter, sometimes other things, are taken for micrococcus; then Moura Brazil speaks of conidia (should be gonidia), mycelium, fibers, and spores, of which there is not the slightest trace to be found in the infusion. The same gross error is shown in the examination of the detached membranes. Prof. Sattler found a quantity of albuminous matter differing materially from that of the other leguminosa. Prof. Hilger obtained a crystalline substance from the seed soluble in slightly alkaline water, applied to the normal conjunctiva in the strength of one per cent., it was inert. A ferment was not found in the infusion. The microscopical examination by Prof. Sattler shows that a bacillus in enormous quantities is found in the infusion immediately or a few hours following filtration. The bacilli have a cylindrical, homogeneous, opaque form, and an oscillatory or rotary motion. The infusion is of a greenish-yellow color, as a rule had a turbid

appearance after being filtered, a peculiar, characteristic odor, becoming disagreeable in time. After standing a few weeks the infusion slowly clears up, and has an odor resembling fresh lime. If we test the infusion for albumen at this time, we find that it has completely disappeared.

The temperature has considerable influence on the formation of the bacilli. High degrees destroy them entirely, low degrees check them, but they continue to form on being brought into the ordinary temperature of a room; 34 to 36 degrees C. is the most favorable, bacilli beginning to appear after a maceration of twelve hours. On filtering the infusion and drying the sediment, the bacilli remain latent, but on moistening they become active. A submersion in a weak corrosive sublimate solution (O. I. P. M.) not to exceed two or three minutes does not destroy them. In this dry state they have withstood the temperature of 110 degrees C. for five minutes. The moistening and boiling for five minutes suffices to destroy their activity. In power of resistance these bacilli are far behind the bacilli obtained from an infusion of hay. In the discharge as well as in the membranous exudation the bacilli are met with, but not in large quantities. The secretion will produce an ophthalmia if brought into a normal eye, but the inflammatory symptoms are not so intense. The bacilli are more numerous in the infiltrated conjunctiva and in the fibrinous exudation of the subconjunctival tissue of the retrotarsal folds during the first stage of inflammation. To render the infusion innocuous, it was necessary to boil it for half an hour. After filtering and exposing the infusion to the air, the bacilli were poorly developed and ineffective. A solution of corrosive sublimate, 1 to 8,000, destroyed the germs. The reason for using it in this strength was on account of the albumen the infusion contained. Thymol, 1 to 2,000, was ineffective, 1 to 1,100 sufficed to render them innocuous. Iodoform added to the infusion during maceration, and after filtering, did not check the development of the bacilli, nor of the ophthalmia. The dusting of iodoform into the eye did not retard the progress of the ophthalmia. A diminution in the intensity of the ophthalmia was accomplished. The propagation of this bacillus upon serum, gelatine, etc., was successful, retaining its peculiar physiological

action when brought into contact with a normal conjunctiva.

The hypothesis which remains for us to accept, is, that there is a widely diffused and benign bacillus, the spores of which gaining access to an infusion of jequirity, develop and assimilate certain substances, acquiring a new physiological action, having the power of flourishing upon the conjunctiva of living animals and through the formation of a "ferment," produce certain reactions which we see in a well developed ophthalmia jequiritica. The action of ophthalmia jequiritica is similar to an acute blennorrhœa. The micrococcus that flourishes in and around the trachomatous bodies is suppressed by the more powerful bacilli of the jequirity infusion; it is, "the survival of the fittest." With extinction of the jequirity ophthalmia, there is an atrophy of the original inflammatory products.

170 RANDOLPH STREET.

THE following advertisement is in a German medical paper: A miss of somewhat more than 30 years of age, but with a good-looking face, desires a bachelor-physician for her surgery, with which is connected a farm and a dry-goods store. He will be goodly fed, and he will obtain a good salary, if not more.

THE *Boletín de Ciencias Medicas* of Mexico, reports good results from the internal application of iodoform in diabetes insipidus. The iodoform is given in the form of pills with the extract of the tonka bean and conmarine, half a grain of the iodoform at a dose.

FIFTY cents will be paid by one of our subscribers for a single copy of this journal of the issue of December, 1881, to be left at room 37, No. 240 Wabash avenue.

COL. ROBERT MURRAY, Assistant Surgeon-General, and senior surgeon of the service, has been appointed by the President, Surgeon-General of the Army.

THE Cincinnati Directory for 1883 gives 463 as the number of physicians in that city.

Selections.

DISADVANTAGES OF THE UPRIGHT POSITION. By S. V. CLEVENGER, M.D.

The immediate and remote causes of things have been and will be sought by thinkers who are not afraid to follow wherever facts lead them. The doctrine that there is no effect without an antecedent cause has met with fierce opposition from those who saw that the logical conclusions of correlated facts, such as are presented by Darwin, tended to the overthrow of puerile legends they believed in, and who were content to imagine that everything was causeless, or at least originated in some inscrutable way. The Arab, upon having the sidercal motions explained to him, said, "You trouble yourself greatly about things not intended for you to know. Even though what you tell me is true, the Koran leads us to believe otherwise. Mohammed taught us sufficient, and his followers can torture you out of your rationalism. Forbear your heretical facts!"

The mechanical nature of things inanimate, is as old in theory as Democritus, 500 B.C. ; and Giordano Bruno, in A. D. 1600, for having amplified the Democritic idea, was burned at the stake. Kant granted a mechanical cosmogony, but in organic nature claimed *causæ finales*. The battle of *causæ efficientes* was fully won by Galileo, Copernicus, Kepler, Newton, Herschel, Laplace, etc., so far as the inanimate universe was concerned, but the mechanical conception of that which pertains to living things was hinted at by Aristotle. Geoffrey de St. Hilaire contended against Cuvier for the mutability of species and the monistic theory. Treviranus, Oken, Goethe, Lamarck, and in our day, Darwin,

Hæckel, Huxley, have carried on the warfare. Herbert Spencer advanced a mechanical physiology and morphology. He has carried the conception into histology, and Cope into palæontology. The unity of the laws which control organic and inorganic nature are to-day fully recognized by those who stand in the front rank of investigators and thinkers, but not until completer textbooks from the new standpoint shall have found their way into the hands of medical students and naturalists generally, will common recognition of the success of the mechanical idea be obtained.

Assuredly the teleological is a very lazy way of thinking. It amounts to taking things for granted as so, because they are so. It bars all inquiry, stops all investigation, and hands us bound hand and foot to ignorance and superstition.

Mechanical influences, such as impacts and strains, permanently altering animal organs, have been discussed by Professor E. D. Cope in the *American Naturalist*, in articles entitled "Origin of the Foot Structures of Ungulates," April, 1881; "Effects of Impacts and Strains on the Feet of Mammalia," July, 1881; by Alpheus Hyatt, "Transformations of Planorbis at Steinheim, with Remarks on the Effects of Gravity upon the Forms of Shells and Animals," June, 1882. In articles published in the January and February, 1881, numbers, I attempted a disquisition upon physical influences in their relations to comparative neurology, and in the July, 1881, Number of the *American Naturalist*, "On the Origin and Descent of the Human Brain," pointed out some hitherto neglected mechanical factors in the development of the organ of the mind and its osseous envelope.

While engaged in anatomical studies, the idea that there was a definite reason for everything, and that we might some day discover the reasons for many things not now known, was ever present to my mind. I could get half lights and glimpses of causes from hints in Henle, Holden, or Sharpey and Quain, and fancied I saw matters clearly enough in some particulars, only to be confused by contradictory experiences subsequently.

There seemed to be a definite enough law in the formation of valves in the veins, for instance, but every student was compelled

to learn the location of these valves by arbitrary exercise of the memory. I think every student will conclude at the end of this paper that it is easy enough *now* to remember which veins are valved, and which are not. Let me present the subject just as it perplexed me at first. Nothing could be simpler, from the teleological standpoint, than that we should have valves in the veins of the arms and legs to assist the return of blood to the heart against gravitation, but what earthly use has a man for valves in the intercostal veins, which carry blood almost horizontally backward to the azygos veins? When recumbent, these valves are an actual detriment to the free flow of blood. The inferior thyroid veins, which drop their blood into the innominate, are obstructed by valves at their junction. Two pairs of valves are situated in the external jugular, and another pair in the internal jugular, but in recognition of their uselessness they do not prevent regurgitation of blood nor liquids from passing upwards.

An apparent anomaly exists in the absence of valves from parts where they are most needed, such as in the *venæ cavæ*, spinal, iliac, hæmorrhoidal, and portal. The azygos veins have imperfect valves.

Place man upon "all fours," and the law governing the presence and absence of valves is at once apparent, applicable, so far as I have been able to ascertain, to all quadrupedal and quadrumanous animals: *Dorsal veins are valved; cephalic, ventral, and caudal veins have no valves.* The apparent exceptions to this rule, I think, can be disposed of by considering the jugular valves as obsolescing, rendered rudimentary in man by the erect head, which in the lemur stage depended. The rudimentary azygos valves may be a recent creation, and an explanation of their presence may be found in the mutability of the cardinal system. The single Eustachian valve, being large in the foetus, has a phylogenetic value. In this connection I would call attention to my mention, in *Science* (New York), June 25, 1881, of the probable brachial origin of the thyroid and thymus glands. There are many reasons for believing these bodies to be rudimentary gills.

The only reason I can assign for the absence of cephalic and cervical valves generally, while the jugulars possess them, is, that

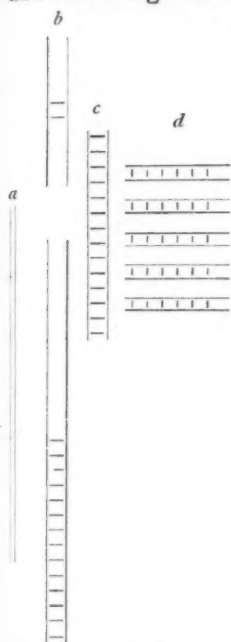
the jugular system was the most important to our quadrupedal ancestors with dependent heads, hence valves developed in them, and that owing to the cranial blood vessels developing, *pari passu*,

with the cranium and its contents generally, largely after man had assumed the erect position, the valvular formation elsewhere in the head would not occur while the jugular valves became rudimentary.

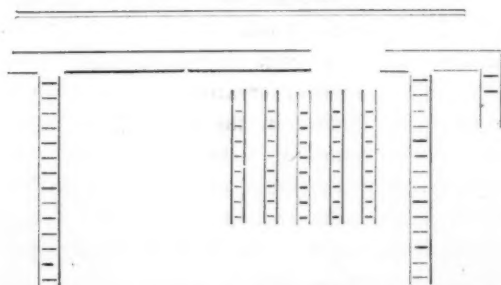
Certainly valves in the hæmorrhoidal veins would be out of place in quadrupeds, but to their absence in man many a life has been and will be sacrificed, to say nothing of the discomfort and distress occasioned by the engorgement known as piles, which the presence of valves in these veins would obviate. The spermatic valves are as useful in man as in other animals.

A glance at the accompanying diagram will afford an idea of the confusing distribution of valved and unvalved veins in the human being.

The position assumed by these valved veins when man is placed on all fours, corresponds with those to be found in quadrupeds, thus :



a, refers to the spinal system; b, jugular and caval to femoral; c, brachial; d, intercostal.



A noticeable departure from the rule obtaining in the vascular system of mammalia also occurs in the exposed situation of the femoral artery in man. The arteries lie deeper than the veins, or

are otherwise protected for the purpose, the teleologist would say, of preventing hæmorrhage by superficial cuts. From the evolutionary standpoint it would appear that only animals with deeply-placed arteries would survive and transmit their peculiarities to their offspring, as the ordinary abrasions to which all animals are subject, not to mention their fierce onslaughts upon one another, would quickly kill off animals with superficially located arteries. But when man assumed the upright posture, the femoral artery, which was placed out of reach on the inner part of the thigh, became exposed, and were it not that this defect is nearly fully atoned for by his ability to protect the exposed artery in ways the brute could not, he too would have become extinct. Even as it is, this aberration is a fruitful cause of trouble and death.

Another disadvantage which occurs in the upright position of man is his greater liability to inguinal hernia. Quadrupeds have the main weight of abdominal viscera supported by ribs and strong pectoral and abdominal muscles. The weakest part of the latter group of muscles is in the region of Poupart's ligament, above the groin. Inguinal hernia is rare in other vertebrates because this weak part is relieved of the visceral stress, but as the pelvis receives the intestinal load in man, an immense number of tissues are manufactured to supplement this deficiency. It has been estimated that 20 per cent. of the human family suffer in this way, and strangulated hernia frequently occasions death.

If man has always been erect from creation, then we have nothing to hope from the future by way of an alteration of this defect. The same percentage of humanity will suffer to the end of time; but considered mechanically, the so-called conservative influence of nature, which will tend to pile up additional muscular tissue in this region by reason of the increased blood supply to that part, aided by natural and sexual selection, will eventually reduce the percentage of ruptures greatly, if it does not eventually correct the trouble altogether. The liability to femoral hernia is similarly increased by the upright position.

The peritoneal ligaments of the uterus subserve suspensorial functions in quadrupeds fully, which require much ingenious speculation to be faintly seen in man. The anterior, posterior and lateral ligaments are mainly concerned in preventing the gravid

uterus from pitching too far toward the diaphragm of four-footed animals. The round ligaments are absolutely meaningless in the human female, but in lower animals serve the same purpose as the other ligaments. Prolapsus uteri, by the erect position and absence of support fitted to that attitude, are thus rendered frequent, to the destruction of health and happiness of multitudes.

As a deduction from mechanical laws, it could easily be imagined that an animal or race of men which had the longest maintained the erect position would have straighter abdomens, widely flared pelvic brims with contracted pelvic outlets, and that the weight of the spinal column would carry the sacrum lower down, and in general terms we find this to be the case. In quadrupeds the box-shaped pelvis, which admits of easy parturition, prevails, but where the position of the animal is such as to throw the weight of the viscera into the pelvis, the brim necessarily widens, these weighty organs sink lower, and the heads of the femora, acting as fulcra, admit of the crest of the ilium being carried outward, while the lower part of the pelvis must be contracted. This box shape exists in the child's innominate bones, while its protruding abdomen resembles that of the gorilla. The gibbon exhibits this iliac expansion through the sitting posture, which developed his ischial callosities. Similarly, iliac expansion occurs in the chimpanzee. The megatherium had wide iliacal expansion, due to its semi-erect habits, but as its weight was mainly supported by the huge tail with femora resting in acetabula placed far forwards, the leverage necessary to contract the lower pelvis is absent. Professor Weber, of Bonn, noted by Carl Vogt, "*Vorlesungen über den Menschen*," etc., distinguished four chief forms of the pelvis in man; the oval, round, square and cuneiform, owned in order by Europeans, native Americans, Mongols and black races. Resting upon its own merits as an osseous mechanical proposition, it would seem that the older the race the lower the sacrum, and the greater the tendency to approximate the larger transverse diameter of the European female. The antero-posterior diameter of the simian pelvis is usually greater than the transverse; a similar condition affords the cuneiform, from which could be inferred that the erect position in the negro races had not been so long maintained as by the Mongols, whose pelvis as-

sumed the quadrilateral shape owing to persistence of spinal axis weight through greater time; this pressure has finally culminated in pressing the sacrum of the European nearer the pubes, with consequent lateral expansion at the expense of the antero-posterior or conjugate. From marsupialia to lemuridæ the box shaped pelvis persists, but with the wedge shape induced in man a remarkable phenomenon also occurs in the increased size of the foetal head, in disproportion to the contraction of the pelvic outlet. While the marsupial head is about one-sixth the size of the smallest part of the parturient bony canal, the moment we pass to erect animals the greater relative increase is there in the cranial size, with coexisting decrease in the area of the outlet. This altered condition of things has caused the death of millions of otherwise perfectly healthy and well-formed human mothers and children. The palæontologist might tell us whether some such phenomenon of ischial approximation by natural mechanical causes has not caused the probable extinction of whole genera of vertebrates. If we are to believe that for our original sin the pangs of labor at term were increased, and also to believe in the disproportionate contraction of the pelvic space being an efficient cause of the same difficulties of parturition, the logical inference is inevitable that man's original sin consisted in his getting upon his hind legs.

Something of the changes noticed in the angle at which the head of the femur is set upon the shaft at different ages, is also noticeable phylogenetically. The neck of the femur in the child is obliquely placed, but in the adult is less so, and in advanced age tends to form a right angle with the socket. Both in the advance of age in the individual and the tendency of an animal to assume more and more the upright posture, this change of angle seems attributable to no other cause than bodily weight against the femoral heads.

This subject is not without direct application. Gynæcologists cause their patients to assume what is called the knee chest position, a prone one, for the purpose of restoring uteri to something near a natural position. Brown-Sequard recommends drawing away the blood from the spine in myelitis, or spinal congestion, by placing the patient on his abdomen or side with hands and

feet somewhat dependent. The liability to spina-bifida is greatest in the human infant through the stress thrown upon the spine, and the absence of delivery troubles among lower races has reference to discrepancy between pelvic and cranial sizes not having been reached by those races. The Sandwich island mother has difficult delivery only when her progeny is half white, that breed being larger in the forehead than the native child.

The mechanism of the body, when fully recognized as mechanism and nothing else, and as governed by mechanical laws, physical as well as chemical influences, will place forthcoming physiological studies upon a broader, safer foundation, and result in grand generalizations. The hydro-dynamics of animal life would alone furnish a theme for thousands of investigators. At present the world goes on in its blindness, apparently satisfied that everything is all right because it exists at all, ignorant of the evil consequences of apparently beneficent peculiarities, vaunting man's erectness and its advantages, while ignoring the disadvantages. The observation that the lower the animal the more prolific, would eventuate the belief that the higher the animal the more difficulties encompass his development and propagation, and the cranio-pelvic incompatibility alone may settle the Malthusian doctrine effectually for the higher races of men through their extinction.—*American Naturalist*.

M. DURVIX, a French medical officer of the army, says that the sole cause of the diminishing population in France lies in the abuse of tobacco. But who knows?

DR. CHARLES WILLIAM SIEMENS, the well-known scientist, engineer, and electrician, died in London, of rupture of the heart, November 20, aged 63.

J. MARION SIMS is said to have left ready for publication a story of Revolutionary times, entitled "Lydia Mackay and Col. Tarleton."

PROF. CHARCOT has been elected member of the French Academy of Sciences, in place of the late M. Jules Cloquet.

Items.

THE following circular letter has been distributed in Chicago, and deserves the attention of all our readers, as its object is in the highest degree commendable :

No. 6 SIXTEENTH ST, CHICAGO, ILL, Dec. 5, 1888.

Dear Doctor :

The Trustees of the Public Library, after conference with the Chicago Medical Society, have resolved to found a Medical Department in the Library, and to make appropriations for its maintenance and increase. As the public money available for this purpose is limited, the Chicago Medical Society has voted to expend \$500 of its surplus funds to aid the enterprise, and has directed its Library Committee to appeal to every physician, dentist, and pharmacist to give a small sum for the same purpose. There are over 1,500 members of these three professions in the county, and a donation of two dollars from each will purchase a large number of practical works on Medicine, Dentistry, and Pharmacy, such as every one of them needs to consult. The Public Library will preserve the works, add to their number, and insure them against fire. They will not loan them out, but keep them always ready to be consulted and read in the Library rooms. We ask you, therefore, to kindly coöperate with us by sending two dollars in the enclosed envelope, with your name and address, to Dr. Edmund Andrews, the Chairman of the Committee on Library, to be expended for this object.

Very respectfully yours,

EDMUND ANDREWS, M.D., Chairman,

No. 6 Sixteenth St.

OSCAR DEWOLF, M.D.,

F. C. HOTZ, M.D.

Library Committee of the Chicago Medical Society.

COATED TONGUES.

The microscope gives the following as some of the articles found by microscopical examination on coated tongues: Fibers of wood, linen and cotton; fibers of spiral vessels; fibers of muscle, in one case eight hours after eating; starch grains; cheese mold; portions of potato skin; scales; moths, etc.; hairs from legs of bees; hairs from legs of spiders; pollen of various flowers; stamens of various flowers; hairs of cats, quite common; hairs of mouse, once only; hairs from various leaves; wing of mosquito once; fragments of the leaves of tobacco; chamomile flowers, etc. A list ten times as long could be made, but *jam satis*.

DECALCIFIED BONE DRAINAGE TUBES.—Professor Gross gives the following directions for making bone-drainage tubes. Procure the femur and tibiae of a chicken or turkey, take off the periosteum, and place the bones in 16½ per cent. solution of official hydrochloric acid until they become soft; then cut off the ends and force out the endosteum; replace in the hydrochloric acid solution until they become very soft; fill them with horse-hairs, which must be removed if pus forms, as they will not allow it to pass. However, he recommends removing the bone tube in twenty-four hours, as it can only be absorbed by granulations, which render union by first intention out of the question.—*College and Clinical Record*.

At the recent annual meeting of the Fox River Medical Association, held at Geneva, Dr. Catharine B. Slater, of Aurora, was elected President. This Association is composed of the physicians of all towns in the Fox River Valley, and for a number of years had been presided over by Dr. Tefft, of Elgin. Dr. Slater will fill the position with dignity and ability, and with credit to herself and the association, though we believe there has been but one other instance in the West where a lady physician has been similarly honored. In the Aurora Medical Society also her talents seem to be duly appreciated, since she is officiating as secretary and treasurer of that organization.

THE New England railroads are credited with having killed in the past year 221 persons, and with having injured 535.

Miscellaneous.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, OCTOBER 1, 1883, TO DECEMBER 31, 1883.

Bailhache, P. H., Surgeon, relieved from duty at Cape Charles Quarantine Station, Oct. 13, 1883.

Detailed as member of Board to examine candidates for promotion Oct. 30, 1883.

Granted leave of absence for thirty days, Nov. 27, 1883.

Hutton, W. H. H., Surgeon, granted leave of absence for twenty days, Oct. 1, 1883.

Wyman, Walter, Surgeon, detailed as member of Board to examine candidates for promotion, Oct. 30, 1883.

To proceed to Norfolk, Va., to investigate the conduct of the service at that port, Dec. 31, 1883.

Long, W. H., Surgeon, leave of absence extended ten days, Oct. 26, 1883.

Murray, R. D., Surgeon, to proceed to Ship Island Quarantine Station, Oct. 17, 1883.

To inspect sites for quarantine stations, Nov. 30, 1883.

Granted leave of absence for twenty days, Dec. 18, 1883.

Smith, Henry, Surgeon, granted leave of absence for twenty-five days on account of sickness, Oct. 13, 1883.

Relieved from duty at Norfolk, Va., Oct. 17, 1883.

To report to Surgeon Sawtelle, at New York, for temporary duty, Nov. 27, 1883.

Relieved from temporary duty at New York, and placed on waiting orders, Dec. 31, 1883.

Fisher, J. C., Passed Assistant Surgeon, when relieved by Assistant Surgeon Banks, to proceed to New York for duty, Oct. 29, 1883.

Granted leave of absence for thirty days, Nov. 28, 1883.

Goldsborough, C. B., Passed Assistant Surgeon, granted leave of absence for thirty-two days, on account of sickness, Oct. 12, Oct. 20, and Nov. 1, 1883.

Irvin, Fairfax, Passed Assistant Surgeon, to proceed to Norfolk, Va., and assume charge of the service, relieving Assistant Surgeon Glennan, Oct. 16, 1883.

Mead, F. W. Passed Assistant Surgeon, to proceed to Portland, Or., inspect the service, and report the condition of Assistant Surgeon Devan, Dec. 5, 1883.

To return to station, Port Townsend, Wash. Ter., Dec. 18, 1883.

Cooke, H. P., Passed Assistant Surgeon, to proceed to Charleston, S.C., for duty, Nov. 27, 1883.

Banks, C. E., Assistant Surgeon, detailed for temporary duty at Georgetown, D.C., Oct. 11, 1883.

Granted leave of absence for thirty days, Oct. 12, 1883.

Bennett, P. H., Assistant Surgeon, placed on waiting orders, Dec. 15, 1883.

Granted leave of absence for thirty days, Dec. 22, 1883.

Upon expiration of leave of absence to proceed to Detroit, Mich., for duty, Dec. 29, 1883.

Peckham, C. T., Assistant Surgeon, to proceed to Wilmington, N. C., and assume charge of the Service, relieving Passed Assistant Surgeon Irwin, Oct. 16, 1883.

Devan, S. C., Assistant Surgeon, granted leave of absence for ninety-five days, on account of injury and sickness resulting therefrom, Nov. 15, Dec. 5 and 22, 1883.

Bevan, A. D., Assistant Surgeon, to proceed to Portland, Or., and assume charge of the Service, Dec. 29, 1883.

Glennan, A. H., Assistant Surgeon, to proceed to New Orleans, La., for duty Oct. 17, 1883.

Wasdin, Eugene, Assistant Surgeon, to proceed to Mobile, Ala., for temporary duty, Oct. 11, 1883.

To proceed to Galveston, Texas, for temporary duty, Nov. 17, 1883.

PROMOTIONS.

Benson, J. A., Passed Assistant Surgeon, promoted and appointed Passed Assistant Surgeon, by the Secretary of the Treasury, from Oct. 1, 1893. Oct. 4, 1883.

Banks, C. E., Passed Assistant Surgeon, promoted and appointed Passed Assistant Surgeon, by the Secretary of the Treasury, from Nov. 1, 1883. Nov. 6, 1883.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.—The following officers were elected at the annual meeting of the College of Physicians of Philadelphia, held Jan. 2: President, Dr. Samuel Lewis; Vice-President, Dr. J. M. DaCosta; Secretary, Dr. Richard A. Cleeman; Treasurer, Dr. Charles S. Wurst.—*Mary and Medical Journal*.

**OFFICIAL LIST OF MEDICAL OFFICERS AND ACTING ASSISTANT
SURGEONS OF THE UNITED STATES MARINE-HOSPITAL SER-
VICE, WITH THEIR STATIONS. JANUARY, 1884.**

MEDICAL OFFICERS.

NAME AND RANK.	STATION.	NAME AND RANK.	STATION.
<i>Supervising Surgeon-General.</i>		F. W. Mead.....	Port Townsend, W. T.
John B. Hamilton.....	Washington, D. C.	H. P. Cooke.....	Charleston, S. C.
<i>Surgeons.</i>		H. R. Carter.....	San Francisco, Cal.
P. H. Ballhache.....	Washington, D. C.	W. H. Heath.....	Buffalo, N. Y.
John Vassant.....	San Francisco, Cal.	John Guitéras.....	Key West, Fla.
W. H. H. Hutton.....	Louisville, Ky.	W. A. Wheeler.....	Chicago, Ill.
T. W. Mill.....	Chicago, Ill.	J. A. Benson.....	Cairo, Ill.
Walter Wyman.....	Baltimore, Md.	C. E. Banks.....	Washington, D. C.
W. H. Long.....	Detroit, Mich.	<i>Assistant Surgeons.</i>	
R. D. Murray.....	Gulf Quarantine.	D. A. Carmichael.....	Pittsburgh, Pa.
C. S. D. Fessenden.....	St. Louis, Mo.	S. T. Armstrong.....	Memphis, Tenn.
Geo. Purviance.....	Boston, Mass.	P. H. Bennett.....	Detroit, Mich.
H. W. Sawtelle.....	New York, N. Y.	C. T. Pockham.....	Wilmington, N. C.
H. W. Austin.....	Cincinnati, Ohio.	R. P. M. Ames.....	Evansville, Ind.
J. M. Gasaway.....	Philadelphia, Pa.	S. C. Devant.....	St. Louis, Mo.
Henry Smith*.....		F. M. Urquhart.....	New York, N. Y.
<i>Passed Assistant Surgeons.</i>		P. C. Kallach.....	San Francisco, Cal.
G. W. Stoner.....	Portland, Me.	H. W. Yemans.....	Portland, Oregon.
J. C. Fisher.....	New York, N. Y.	A. D. Bevan.....	New Orleans, La.
John Godfrey.....	New Orleans, La.	A. H. Glennan.....	Galveston, Texas.
C. B. Goddard.....	Mobile, Ala.	Eugene Wascint.....	
Fairfax Irwin.....	Norfolk, Va.	<i>Surgeon, (Retired).</i>	
		T. J. Griffiths.....	Louisville, Ky.

*On waiting orders. †On sick leave. ‡Temporary. § Consulting Surgeon, Louisville Marine Hospital.

ACTING ASSISTANT SURGEONS.

NAME.	STATION.	NAME.	STATION.
J. M. Allen.....	Milwaukee, Wis.	J. M. Main.....	Brownsville, Texas.
W. A. Banks.....	Rockland, Me.	W. C. Mason.....	Bangor, Me.
H. G. Bates.....	New Berne, N. C.	H. E. Mereness.....	Albany, N. Y.
B. F. Beebe.....	Cincinnati, Ohio.	J. D. Mitchell.....	Jacksonville, Fla.
R. D. Bibber.....	Bath, Me.	P. H. C. Noble.....	Richmond, Va.
J. E. Bready.....	Dubuque, Iowa.	Chas. Ottilie.....	La-Crosse, Wis.
J. B. Brewster.....	Plymouth, Mass.	W. R. Page.....	Sandusky, Ohio.
S. D. Brooks.....	Boston, Mass.	T. T. Price.....	Tuckerton, N. J.
G. B. Case.....	Cleveland, Ohio.	S. D. Robbins.....	Vicksburg, Miss.
S. B. Conover.....	Philadelphia, Pa.	J. A. Rowles.....	Chicago, Ill.
W. A. Cox.....	Pascagoula, Miss.	S. H. Sears.....	Newport, R. I.
J. B. Cromley.....	Gallipolis, Ohio.	Elmer Small.....	Belfast, Me.
Byron DeWitt.....	Oswego, N. Y.	W. N. Smart.....	Grand Haven, Mich.
Richard Douglas.....	Nashville, Tenn.	A. E. Spohn.....	Corpus Christi, Texas.
A. W. Fisher.....	Ne. Haven, Conn.	Theodore Starbuck.....	New London, Conn.
J. P. C. F. ster.....	Toledo, Ohio.	W. D. Stewart.....	Fernandina, Fla.
T. L. Gaiser.....	Kacanaba, Mich.	G. H. Stone.....	Vineyard Haven, Mass.
L. P. Gibson.....	Little Rock, Ark.	D. H. Strickland.....	Savannah, Ga.
Thos. Graham.....	Kurka, Cal.	Jos. Taylor.....	Erie, Pa.
W. M. Griffith.....	Louisville, Ky.	W. H. Taylor.....	Shreveport, La.
G. A. Harding.....	Sault Ste. Marie, Mich.	A. S. Tebbs.....	New Bedford, Mass.
W. H. Heard.....	Newport, Ark.	J. H. Vandeman.....	Marquette, Mich.
B. S. Herndon.....	Fredricksburg, Va.	M. F. Wentworth.....	Chattanooga, Tenn.
H. S. Hecay.....	Bismarck, Dak.	C. A. Wheaton.....	Portsmouth, N. H.
L. W. Hodgkins.....	Ellsworth, Me.	R. C. White.....	St. Paul, Minn.
S. B. Hunter.....	Machias, Me.	Mortimer Wilson.....	Pensacola, Fla.
S. D. Jepson.....	Whetling, W. Va.	J. E. Wood.....	Port Huron, Mich.
R. W. Johnson.....	Baltimore, Md.	H. S. Wyman.....	Elizabeth City, N. C.
Sam'l Kitchen.....	East Saginaw, Mich.		Sitka, Alaska.
T. J. McFarland.....	Indianola, Texas.		